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COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

November 20, 1970
Vancouver Hotel

VANCOUVER, B.C.

Day Session

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INTO THE
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BEFORE:

Gerald LeDain,	Chairman,
Marie-Andree Bertrand,	Member,
Ian Campbell,	Member,
H. E. Lehmann, M.D.,	Member,
J. Peter Stein,	Member,
James J. Moore,	Executive Secretary.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

November 20, 1970
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---Upon commencing at 9:30 a.m.

THE CHAIRMAN: Ladies and gentlemen, I call this Hearing of the Commission of Inquiry into the Non-Medical Use of Drugs to order, and I would like to introduce the members of the Commission who are present today: on my far right is Dean Ian Campbell of Montreal; on my immediate right, Dr. Heinz Lehmann of Montreal; I am Gerald LeDain; on my left is Mr. James Moore, Executive Secretary of the Commission; on Mr. Moore's left is Professor Marie Andr e Bertrand of Montreal; and on Miss Bertrand's left is Mr. Peter Stein of this city.

Now this is our second public hearing in Vancouver and perhaps a few words of introduction concerning our appointment, terms of reference, and the present status of our work may be helpful, particularly for those who are appearing for the first time.

We were appointed in May of last year as an independent Commission of Inquiry with a two year mandate to look into three things; the effects of the non-medical use of psychotropic or mood modifying drugs and substances which includes a wide range of drugs as indicated in our Interim Report; secondly, to inquire into the extent and the patterns of such non-medical use; and thirdly, to inquire into the cause (causes) or motivation of such use and also to attempt to put non-medical drug use in its proper social perspective, related to other aspects of life today and interpret its meaning for our time. And on the basis of our findings on these three points we were

1 asked to make recommendations to the Federal Government
2 as to what it can do alone or with other levels of
3 Government, that is, provincial and municipal, and these
4 are the words of our mandate, "to reduce the dimensions
5 of the problems involved in such non-medical use."
6 We were required by our terms of reference to submit an
7 interim report which we did, and as you know, it was
8 tabled and made public in June of this year. And we are
9 concluding our last round of public hearings. We have
10 gone back to each province. And we are first of all
11 seeking reaction to our interim report, and comment on
12 it, and we are also seeking information as to changes
13 which may have taken place since we were last here in
14 the extent and patterns of drug use, changes in attitudes
15 towards the subject, and also to learn if we can about
16 initiatives which have been taken in the community here
17 to do something about this question. We are also seeking
18 further information and advice on various aspects of our
19 Inquiry. As you know, we are trying to determine upon a
20 wise social policy on this subject, and we see the social
21 response that is required here, a number of things, law is
22 only one. We refer to research and information, education
23 and treatment, and then there are other initiatives which
24 we --- undoubtedly which we can take as institutions or
25 individuals to improve conditions of life and personal
26 relations which are presently conducive to non-medical
27 drug use. Our interim report didn't go into some of
28 these aspects in as great detail as it did to others,
29 and it particularly indicated we wanted to learn a great
30 deal more or think a great deal more about treatment

1 before we felt able to express firm opinions on some of
2 the issues there. In particular for example, the issue
3 whether compulsory treatment is appropriate.

4 Now, a word about our method of proceeding
5 in these public hearings. Our public hearings are of
6 course only one of our means of inquiry. We are meeting
7 privately with groups and individuals and consulting people
8 having some special involvement with this whole
9 question, also having a number of research projects
10 being conducted by the Commission staff and by outside
11 consultants. But in these public hearings we have a
12 schedule --- we have a list of scheduled submissions and
13 at the end of each --- at the conclusion of each scheduled
14 submission there is an opportunity for questions or
15 comments, not only by members of the Commission but by
16 everyone present, and we hope --- we seek as broad and
17 as representative of an expression of opinion as possible
18 of Canadian people, so we hope that you will feel free to
19 assist us today with your understanding and advice, and
20 we have placed microphones in the aisles for your
21 convenience and ask if you would be good enough to make
22 use of them because if we don't speak in the microphone
23 it is difficult at times for the stenographers to
24 record what is said.

25 Now we have a very full day scheduled here.
26 We were only able to schedule a day in each --- we felt
27 only able in view of the pressures of time on us with
28 this final report expected from us by the end of May,
29 felt only able to schedule a single day in each city.
30 But because of the great interest here and the very long

from

1 | list of submissions, /people here, we have decided to
2 | continue hearing tonight, extend our hearing tonight.
3 | So we are going to have to move from this room at 5:00
4 | o'clock and there will be --- the hearing will continue
5 | in this hotel in what is called the Social Suite West.
6 | It is one floor above this convention floor. It is
7 | accessible by elevator and a member of our staff will
8 | place a sign indicating where that is. So that what we
9 | will do is that we will probably adjourn here for lunch
10 | at hopefully around 12:30, reconvene here at 2:00 this
11 | afternoon and then we will have to leave here at 5:00.
12 | We have to vacate this room at 5:00, and then we will
13 | come back here at the hotel in the Social Suite West at
14 | 8:00 and stay as long as is necessary to hear everyone.
15 | But it is a long list.

16 | So our schedule is based on half-hour
17 | intervals, a half-hour for each submission and if we
18 | can sort of --- we have never had to really cut discussion
19 | short and we don't want to, but if we could all kind of
20 | work together with that general objective in mind so that
21 | we can hear all of the submissions, all of the people who
22 | wish to address us here in Vancouver. I think if we keep
23 | roughly that half-hour schedule we will manage it.

24 | I don't think there is anything else at
25 | the moment that I should say by way of introduction, and
26 | so I will call now on the first schedule. The first
27 | submission is from Parents Anonymous, represented by
28 | Mr. S. Jones and Mrs. Audrey Sayle, and Mr. Herbert
29 | Clark also.

30 | THE PUBLIC: I have no submission, sir,

1 just my two associates.

2 THE CHAIRMAN: You are Mr. Clark?

3 MR. CLARK: Yes. I am Secretary, and I
4 got the message and that's the reason you have my name.

5 MR. JONES: Members of the Commission, I
6 am speaking on behalf of a group of concerned parents.
7 In Vancouver, one of the founding members of the Parents
8 Anonymous group was Mr. Dan (Jarody) who like the rest
9 of us ---

10 THE CHAIRMAN: Perhaps if you could speak
11 just a little more closely into the microphone.

12 MR. JONES: Who like the rest of us have
13 been involved with some of our children in the drug
14 counter culture. Mr.(Jarody) himself had three children
15 out of ten involved and I think you may know that Dennis
16 (Jarody) took his own life during an acid trip.

17 So I will proceed with my presentation
18 on their behalf.

19 We are Parents Anonymous, a group formed
20 to fight drug abuse and we are approximately one year
21 old and are represented in many areas throughout Canada
22 and this group is growing day by day bolstered by
23 concerned parents. We love our children, we love all
24 children and our group is dedicated to the eradication
25 of mood altering drugs from their young lives. We are
26 concerned not only with our children but with our
27 children's children, and we are concerned with the future
28 of Canada.

29 Many of our members have had their
30 children involved in / so-called drug culture. Some

1 have just seen death strike swiftly and terribly,
2 shattering the lives and homes and families. Others
3 have had to helplessly watch the creeping death of
4 drug abuse turn normal, healthy, fun-loving youngsters
5 into indolent, vacant-eyed vegetables. These were not
6 youngsters being struck down in the prime of life --- they
7 hadn't even had a chance to get that far.

8 We are desperately concerned, too, that
9 in the light of our experiences --- especially in the
10 light of the combined experiences of the medical, legal
11 professions, the police forces and other law enforcement
12 agencies, that a member of this Commission could publicly
13 state in Victoria last year that: "Maybe we should make
14 marijuana legal."

15 We are further concerned that after
16 dozens of meetings, at the cost of hundreds of thousands
17 of dollars to the Canadian taxpayer, that this Commission
18 has not come to basic grips with the evermounting drug
19 problem and because of its public attitudes and posture
20 to date is contributing to our national problems rather than
21 seeking out and presenting possible solutions. In that
22 regard, the Addiction Foundation tell us that they are
23 receiving 25 new heroin addicts per month in Vancouver,
24 and that 110 died from drug abuse in B.C. last year.

25 Regarding the many drugs themselves, we
26 of Parents Anonymous see no necessity at this time to
27 make a specific presentation on the evils of each indivi-
28 dual drug. With respect to marijuana, we feel that the
29 Prince Edward Island brief presented to the Commission
30 brings out the points we would have indicated. With

1 respect to chemical drugs, of which newer varieties are
2 becoming more prevalent and more dangerous daily, we
3 can only hope that the medical profession will come
4 forward with warnings in sufficient time to help us to
5 protect our children. We say that of course knowing
6 that the main consequences are social in the early stages
7 as well as medical.

8 We would further declare that if Canada,
9 through lack of action by this Commission in recommenda-
10 tions, becomes more permissive concerning drugs and non-
11 contributory hostel plans, then Vancouver will become a
12 "mecca" for the transient, drug-using sub-culture. We
13 predict that the troubles experienced thus far, with
14 entire areas and districts infested with wide-open drug
15 use, will spread ever deeper into the roots of our
16 communities in this southwest corner of Canada, and that
17 we will become the repository of the ills of the youth
18 in our nation.

19 As a subheading, gentlemen, "The con-
20 clusion of the silent majority"; we of Parents Anonymous
21 freely admit that we are confused and fail to understand
22 why the parents of an entire nation have to be put
23 into a position where they must defend against drug abuse.

24 Indeed, we of Parents Anonymous are
25 completely at a loss to understand why this Commission
26 had to be appointed in the first instance. Surely we
27 do not have to spend millions of dollars and man hours
28 to demonstrate what we already know, that the use and
29 abuse of drugs by our children is wrong.

30 We, as parents, completely fail to under-

stand why some of our educators, whether at university, secondary or primary school levels, encourage permissiveness with regard to the drug culture among our young, our children. The social workers, to some degree, also share in this attitude.

We, as parents, cannot comprehend the reasons why drugs are allowed to be sold openly, and used openly, at so-call Rock Festivals, with no attempt made by attending police to enforce our laws.

Confusion within the ranks of parents, the silent majority, also reigns because of the utter lack of direction by political parties on the matter of drug abuse. Confusion is further aided by the appalling silence of the medical and legal and religious groups as to drug abuse, their lack of a clear-cut stand. Our courts are inconsistent, so much so that they are falling into disrepute.

We, as parents, are concerned as to whether this Commission as it is currently constituted is capable of rendering a clear-cut series of positive recommendation against drug abuse among our children to our parliamentary leaders for swift, decisive action. Surely we have a situation as menacing as any posed by the FLQ to our nation, indeed, it makes the latter pale by comparison when the threat and the cost of life is measured, not only today but for the foreseeable future.

Another subheading, Prevention Recommendations. We strongly recommend that parents throughout Canada, those comprising the silent majority, band together to protect our children against drug abuse and

1 the persons advocating the same, or a permissive
2 attitudes towards them.

3 Parents Anonymous recommends this be done
4 through setting up of parent groups, service and fraternal
5 organizations, police, civic bodies, school representatives,
6 church groups and any other bodies who recognize the
7 immediate urgency of our national problem.

8 We would hope that such a group would be
9 composed and that it would be available to study and gain
10 knowledge of conditions in specific areas. Parents
11 Anonymous would like to see a group formed that would be
12 capable of investigation into the aspects of shelter for
13 the young people roaming our countryside and their
14 immediate problems, to investigate also rehabilitation
15 centres and preventative centres to curb drug abuse.

16 With respect to so-called Rock Festivals,
17 Parents Anonymous would urge that heavy bonding be
18 required of any groups that hold these functions and
19 hope to profit through them. They must be held responsible
20 to ensure that our nation's laws are upheld.

21 Parents Anonymous considers research into
22 all aspects of drug use and abuse by the young be
23 accorded prime recognition by this Commission and by our
24 Federal Government, with particular attention being paid
25 marijuana and hashish.

26 Parents Anonymous would urge that educa-
27 tion commence in our schools at the Grade Three level,
28 introducing the effects and consequences of drug use and
29 abuse as part of the Health and Science curriculum.

30 Adult education is also recommended,

1 particularly that of the factual and not the sensational
2 variety, so that parents can give straightforward answers
3 to their children.

4 Parents Anonymous would recommend that
5 Parent-Teacher Associations ensure that school counsellors,
6 teachers and principals join in a programme to ensure
7 that this curriculum is properly carried out.

8 Parents Anonymous recommends that anyone
9 pushing drugs in schools, or in school areas, be
10 immediately reported to the authorities.

11 We, as parents and members of the silent
12 majority, would also urge that a complete investigation
13 and research programme be launched in this region's
14 schools so that meaningful statistics may be collected.

15 Parents Anonymous would also like to see
16 compiled a list of all persons who are publicly in favour
17 of drug use throughout Canada, so that the reasons for
18 their recommendations can be examined with respect to
19 their recommending and sponsoring this evil commodity
20 within the community of our children.

21 We would ask authorities to make a list of
22 all persons who are found using drugs in order that a
23 questionnaire could be put to them and thus provide us
24 with a broader knowledge of this drug culture group.

25 We would further insist that authorities
26 who are operating any hostels for our young people across
27 the country that they, in turn, ensure that no professional
28 drug takers are in a position of authority or employment
29 or representing any ideologies that are foreign to our
30 stated democratic ideals of society and way of life.

1 Parents Anonymous would recommend Centres of
2 Counselling and Treatment of Drug Problems. We do not
3 believe that convictions of fines for pushing or using
4 drugs are a sufficient deterrent. We do believe that
5 parents should have somewhere to send their children when
6 they are infected with drug use and abuse, and that well-
7 screened, professional counselling be made available.

8 We, as Parents Anonymous and as members
9 of the silent majority, realize that we cannot shift the
10 burden of responsibility and must take steps and demand
11 action to prevent drug use among our children.

12 THE CHAIRMAN: Thank you Mr. Jones. Have
13 you something to add Mrs. Sayle?

14 MRS. SAYLE: Yes I have, from the West
15 and North Shore Branch of Parents Anonymous Our sub-
16 mission is against the legalization of marijuana, and
17 it is a petition calling for the maximum penalty for
18 drug pushers. Man may have walked on the moon, but
19 over four hundred years ago, Shakespeare wrote,
20 (portion inaudible)
21 ... whose conscience by injustice is corrupted".

22
23 Human beings have not changed since the day that that
24 was written. The case for the legalization of marijuana
25 based on the argument that it is harmless reminds one of
26 the reasoning of the young sailor who, upon being found
27 guilty of selling pornographic literature to juveniles
28 said to the judge, "But, your Worship, I don't even own
29 a pornograph."

30 The lady criminologist on the LeDain

1 Commission was reported in Time Magazine as saying that
2 the reason she is in favour of the legalization of
3 marijuana is because a shortage of marijuana appears to
4 lead to an increase in the use of hard drugs, Q.E.D.
5 therefore, marijuana leads to hard drugs.

6 The questions before us are these: why
7 legalize a hard drug conditioner? What is the legal age
8 at which the Commission would recommend the right to
9 smoke marijuana? What is the point at which marijuana
10 impairs a driver's ability to exercise due care and
11 control of his vehicle?

12 Smoking tobacco is addictive and linked
13 to lung cancer. Surely the same principle of linkage
14 to cancer awaits the smoker of marijuana. Both tobacco
15 and marijuana are vegetable matter: in tobacco it is sus-
16 pected that the inhalation of the combustion of vegetable
17 matter is the culprit. This danger must apply to the
18 smoking of pot.

19 In the fight against cancer and the
20 dangers already proven and suspected in the smoking of
21 cigarette tobacco, here we are: giving consideration and
22 serious thought to adding to the dangers of smoking an
23 ordinary cigarette, the dangers lurking in the legaliza-
24 tion of pot. None of this makes sense. Why substitute
25 marijuana for cigarette tobacco? The smoking of
26 marijuana is unsanitary, the passing of a weed from mouth
27 to mouth spreads hepatitis, the common cold, influenza
28 and viruses of all kinds.

29 The marijuana user , unlike the alcoholic
30 does not show warning signs of his condition as a

1 drunkard will, by staggering, or slurring, or falling
2 asleep, or vomiting.

3 If the body has had more marijuana than
4 its chemistry can control, the user will not vomit and
5 void the excess poison or harmful chemicals. Instead
6 the body will absorb the excess chemicals, and in the
7 case of marijuana the brain cells and sensory system will
8 become bombarded.

9 Marijuana like holly is a dual plant.
10 There is a male and a female plant. The male plant is
11 harmless and carries no hallucinatory powers. It is only
12 the female which has this power. Some strains of plants
13 are much stronger than others. Individual seeds differ
14 in strength as much as individual thumbprints or
15 individual body chemistry, no two are exactly the same.
16 To legalize marijuana is to legalize tampering with
17 unknown effects upon the personality of the user. We
18 believe that it is a known fact that the first time
19 marijuana is smoked it may take from one to five cigarettes
20 before a person will become high, but that the effect is
21 cumulative and subsequently, one cigarette, not even that,
22 sometimes only a puff or two will cause a high.

23 Marijuana use causes a desire to experiment
24 with stronger drugs due in part to the sensual feelings it
25 evokes. The climate produced by smoking marijuana must
26 contribute to the increase in the illegitimacy rate and
27 in the procurement of abortions. Surely no one could
28 disagree that the increase in the habit of smoking pot
29 must have been a great contributing factor in the increase
30 in the incidence of venereal disease. The only person in

30 Members of the LeDain Commission should

1 witness the heartbreak and grief of parents of children
2 and young people caught in this web. Instead they are here
3 to listen attentively and give consideration to arguments
4 put forth by those who wish to indulge themselves in a
5 vice, to those evil men and women who would corrupt and
6 destroy purely for great monetary gain or from treacherous
7 political motives.

8 The stakes couldn't be higher --- on the one
9 hand of the drug phenomena, vice greed, and treachery, on
10 the other, our children, our grandchildren and our country.

11 In view of the overwhelming medical,
12 judicial and police evidence that marijuana is harmful to
13 society, to children and youth, there should be no need
14 for this enquiry --- it is giving the other side some
15 kind of validity in argument where there is none. As
16 Dr. A. K. Connolly said recently, "Marijuana is the
17 least harmful drug, but, the greatest threat to our
18 civilization".

19 As Canadians let us live by the words we
20 sing in our National Anthem, let us stand on guard for
21 this glorious Country, Canada, so free! Let us not forget
22 this freedom was bought for us by the lives given in two
23 World Wars - let us remember that the word freedom does
24 not mean license to do what we please.

25 Consider for a moment the parents of an
26 average family who find they have a boy or girl who has
27 begun to smoke marijuana. The first sign will be a
28 sensation of having lost touch with that child because
29 under the influence of marijuana and among the group in
30 which that child, or youth, may have been at the time is

1 a pusher --- (perhaps an older child or an adult) and that
2 child at a time when he is in what is close to a
3 hypnotized condition of mind is told he is doing nothing
4 wrong: and is turned against his parents, his church,
5 his standards of behaviour, and in time if he continues
6 in his habit, against the laws of his country. When he
7 recovers from the effects of the marijuana and is in a
8 post hypnotic state the ideas lodged there remain. If this
9 drug is used in the hands of an enemy, it could be
10 extremely dangerous for the country or civilization it
11 is used against.

12 The family communication is impaired when
13 a member of that family becomes a habitual smoker of pot.
14 The total effect can become terrible, and it follows as
15 the night the day, that other members of the family,
16 especially the mother or the father, can become emotionally
17 disturbed themselves. Parents become almost suicidal and
18 are driven to breakdowns. The mental anguish and torture
19 endured by parents of children involved in the use of
20 marijuana and other drugs can only be compared to the
21 feelings of a parent whose child is involved in a tragic
22 accident or is stricken by an almost incurable disease.

23 The Government must take steps to stop
24 this damaging ripple action from marijuana and drug
25 abuse from undermining family life.

26 The public is entitled to know how many
27 members of the LeDain Commission are themselves parents.
28 They are also entitled to know if those on the Commission
29 have smoked marijuana or are fundamentally in favour of
30 marijuana being legalized.

1 Marijuana is smoked today as much as it is
2 due to the apathy of the majority of decent people who are
3 basically against its use. Today, to be apathetic about
4 the drug question is to be indecent.

5 Children must be made to understand that
6 drug pushers are undermining the health and laws of their
7 country, that it is in effect a treasonous act, and that
8 they are traitors to their country --- that there is no
9 shame in betraying their friends who push drugs, that on
10 the contrary, they are doing their country a service by
11 doing so.

12 Drug pushers of drugs to juveniles, if under
13 age, must be sent to rehabilitation centres. Those
14 pushing drugs to children who are themselves of age, must
15 be given life imprisonment. To tamper with a child's
16 mind through chemistry is degrees worse than murder - the
17 punishment should fit the crime - it should be the death
18 penalty.

19 The ingredients of LSD and other drugs must
20 be made unavailable except by prescription.

21 Rock Festivals such as we have seen recently,
22 must be outlawed. Words to Rock Music must be censored
23 and scrutinized so that the words and music to go with them
24 do not lure young people to take drugs or repeat their
25 experiences. Pushers are using Rock Festivals and the
26 music to mesmerize the young - it is all part of the
27 phenomena of the Drug Scene.

28 Pollution and drugs must be put under one
29 umbrella so that youth can see that chemical damage
30 covers the whole spectrum of living things including

1 themselves. They must be made to feel responsible for the
2 generations to follow them so that nothing they do to
3 their own bodies will be paid for in the suffering of
4 children yet unborn. Thalidomide must be used as a visual
5 illustration of the dangers we face in these uncharted
6 waters on the voyage across the Sea of Discovery.

7 No one should underestimate the problem of
8 alcohol or the casualties caused by it, surely this
9 problem is enough. We do not need another. However,
10 this much should be said, the making of wines and liquors
11 and fine whiskys is an art, brandy has long been used for
12 medicinal purposes, red wine is a blood tonic, stout has
13 long been recommended for invalids and convalescents,
14 good wine, good food and good music go together. Alcohol
15 plays a part in many celebrations, and social functions.
16 Taken in moderation, it can add to the healthful joy of
17 living.

18 Marijuana on the other hand has been known
19 from antiquity and recognized for its insidious effects.
20 Neither its use nor its effects are new, its debilitating
21 powers have been known by the world for thousands of years
22 before its discovery by today's drug cult. No nation
23 under its influence has ever increased in vigour, or
24 risen to make inspiring history. Nations have, however,
25 used marijuana and related drugs such as opium to undermine
26 their enemies. History shows us, only a short time ago,
27 the Japanese used opium to undermine China in the Sino-
28 Japanese War in 1937. They opened opium dens all over oc-
29 cupied China. I lived in China at that time and saw this
30 with my own eyes.

1 If the act of hallucinating is actually
2 chemically tampering with the sensory system of the brain
3 could it not be likened to tampering with vision by using
4 distorted lens? Distortion of vision in the end ruins the
5 optic nerve of the eye. Does it not follow then that
6 hallucinating repeatedly must damage anything as delicate
7 as the human brain.

8 What justifies the right of a person to
9 willfully run the risk of damage to himself purely to
10 satisfy his own indulgence in sensation, at the expense
11 of his fellow human beings, who must then care for the
12 sub-human person he may become?

13 Much is now written and spoken about
14 pollution, it is our enemy, World War III has already
15 begun, pollution is a big word, it covers animal,
16 vegetable, and mineral, and all mankind. Our earth,
17 air and water are in peril, we are what we eat and what
18 our bodies absorb, our cells, our tissues and nerve
19 endings are fed by what we give them.

20 At this point in time for the present
21 generation with its accumulation of knowledge and
22 education, with its awareness of what pollution means to
23 our survival, to give approval to the legalization of
24 marijuana would be tantamount to an admission of
25 insanity.

26 Every mother and father must ask themselves
27 this question: if marijuana were legalized could it
28 lead my son or daughter to try hard drugs? The answer
29 Ladies and Gentlemen is: "Yes - it is not unlikely."

30 Thank you.

1 THE CHAIRMAN: Thank you, Mrs. Sayles and
2 Mr. Jones. Are there any questions and comments?

3 Would you go to the microphone please?

4 THE PUBLIC: I have some comments to make
5 concerning the lady's brief. I sat and listened very
6 attentively and I heard snickers all around me, and this
7 is where I would like to suggest to the Commission where
8 they could make some inquiries concerning some of the
9 incidents the lady brought forth. Number one, I would
10 suggest that the Commission of Inquiry go to all Health
11 Centres across Canada and note the increase in gonorrhea
12 and syphilis surrounding the drug movement. I have done
13 this in the city of Vancouver and have found that it is
14 on the increase. I also know and have been instrumental
15 in having some young people admitted to hospital with
16 serum hepatitis. I have also sat with a young couple who
17 were happily married where the father was at one time a
18 speed freak. They had a deformed child. I watched the
19 child live on artificial media for six and a half months.
20 He weighed six pounds when it died. So I would like to
21 recommend to the Commission today that they step forth and
22 look at the drug problem as it is in Canada and what it
23 is doing to our youth; look at it realistically and fac-
24 tually, and stop puddling around and doing nothing.

25 I also would suggest to the Commission that
26 they would beg or plead the Government officials to get
27 therapy centres and an educational programme where our
28 youth who are motivated for treatment can get the necessary
29 treatment and the necessary counselling to bring them back
30 to a healthy frame of mind. I have watched the drug movement

1 for five years. I have gone through hell and I have had
2 my son rehabilitated and it is not a very easy thing to
3 do. Not only do lack of therapy centres not help the
4 large numbers of children involved in the drug movement,
5 but it breaks down family relationships within a family.
6 You can question me on that because it has done this in
7 my own home. And I suggest that all of these factors
8 presented today, and I am requesting this as a parent
9 and as a private individual, that the Commission look
10 into this and do something about it.

11 Thank you.

12 THE CHAIRMAN: Thank you.

13 Gentleman at the microphone there?

14 THE PUBLIC: I would like to make some
15 comments, especially on the last brief that was presented.

16 First of all, talking about cancer and
17 marijuana, while it is reasonable that the inhalation of
18 vegetable matter will cause cancer, but comparing a
19 marijuana and cigarette smoker, a cigarette smoker might
20 smoke a package a day, while, in weight, the marijuana
21 smoker may smoke about a package of marijuana in a month.
22 even
23 So/if you want to stay stoned all the time you couldn't
24 possible consume one tenth of the amount of burning
25 matter as if you smoked cigarettes. If the marijuana was
26 stronger as it would be if it would be legal, this problem
27 would be reduced to nothing. And if you don't want to
28 smoke it, you can eat it. So cancer is out completely,
29 and unsanitary conditions? People pass joints around
30 because of its prohibition. You don't waste much marijuana
but if it was legal, you wouldn't have to worry about that,

1 | so you wouldn't have to pass it back from mouth to mouth,
2 | and so there would be no unsanitary conditions. And also the
3 | lady said, male marijuana plants are --- contain no resin
4 | and that's not true, they contain less but you can still
5 | get stoned on it.

6 | Talking about pushers? I don't think there
7 | is any such thing as a marijuana pusher. Marijuana is
8 | not addicting, not addictive, so you can't really push it.
9 | People come around and ask the seller, not the pusher,
10 | if they have anything to sell. A pusher is somebody who
11 | hooks you on something that is addicting, you must buy it
12 | repeatedly. For instance, if you watch T.V., cigarette
13 | commercials, this is very addicting and they push it and
14 | glamorize it continually every five minutes on television.
15 | People sit around here smoking all the time. You get
16 | marijuana, it is illegal, and you smoke it and spend a
17 | lot of time in jail. Then you always get the argument,
18 | well, cigarettes and alcohol are bad but we can't have
19 | another problem. Well it seems to me that in a sense
20 | marijuana is much less of a problem. It can be
21 | beneficial in some ways in the circumstances, and people
22 | should have the right to the choice whether to use
23 | alcohol or marijuana or tobacco. Just because some
24 | people --- it is not --- everyone doesn't have equal
25 | rights if the alcohol users and tobacco users can do their
26 | thing, that marijuana users can't. It is not a valid
27 | excuse to make it illegal because it is another problem.

28 | I think the person who presented the last
29 | brief probably never even read the Interim Report at
30 | all when the Commission recommended that people attending

1 | this meeting should read the report.

2 | You can talk about getting rid of drugs,
3 | banning it, giving the death penalty, anything you want,
4 | but it isn't going to work, because if you get rid of
5 | marijuana, make it extinct if you want, but there are
6 | other drugs that are very pleasant and people use them
7 | to relax if they can get them, some mushrooms, weeds,
8 | things that just grow around in the everyday garden, only
9 | not many people know about them. I think that if people
10 | looked around and looked hard enough they would probably
11 | find things better than marijuana, probably even maple
12 | leaves if you smoked them. But you are not going to put
13 | us down. You are not going to take away our rights.
14 | Parents should be responsible people, yes, and they love
15 | their children, but they don't own them and they can't
16 | dedicate --- dictate how they are going to live for the
17 | rest of their life and what they must conform to. It is
18 | a matter of trust. You have got to just say you can't
19 | control them; you've just got to trust them.

20 | That is all.

21 | Oh yes, I would like to commend the
22 | Commission for maintaining some impartiality
23 | in naming the Commission.

24 | THE PUBLIC: Hear, hear.

25 | THE PUBLIC: "Non-medical use of
26 | drugs", they don't call it just drug abuse like everyone
27 | else.

28 | THE CHAIRMAN: Thank you.

29 | THE PUBLIC: Mr. Chairman, and members of
30 | Commission, I would just like to examine for a moment the

1 point made by the gentleman who was making the presentation,
2 is drug abuse wrong? And I don't know that we can really
3 say that from a moral standpoint that drug abuse is wrong
4 because we accept the use of alcohol for purposes of
5 turning on, and getting away from things.

6 THE CHAIRMAN: Excuse me, I am sorry.

7 THE PUBLIC: Mr. Chairman, and members of
8 the Commission, I would just like to examine a point, the
9 gentleman making the point is drug abuse wrong, and from
10 a moral standpoint I don't really say in the context in
11 which the society operates we can say that drug use,
12 particularly marijuana use, is wrong. Because we accept
13 as right the use of alcohol for purposes of getting drunk,
14 or getting right out of it to the point of just losing
15 complete contact with reality. We also accept the use of
16 alcohol as a means of relaxing at social events. We also
17 accept alcohol as a very commercial thing; it is right
18 because it makes money and it is a commercial venture.
19 And we also have the other thing, our society is very
20 drug oriented. We watch television every night and drugs
21 are the instant panacea for everything and if you can't
22 get to sleep take Sominex. If you feel run down, take
23 Geritol. If you have a headache take Aspirin or Bufferin
24 because it works so much better. The idea that we have
25 in society is that if you don't feel good or something or
26 other, a pill or a drug will solve everything. This is
27 one of the predominant little mores of our society. And
28 if we accept this because the drug industry and advertising
29 industry and the broadcasting industry is very commercially
30 oriented; it is right.

1 Now I fully agree that there are certain
2 problems there, maybe some of those things shouldn't go
3 on, but it is accepted as being right in our society now.
4 So I can't really say that the taking of marijuana, and
5 I'm not saying heroin or some of the harder drugs are
6 that way because I don't really feel competent to discuss
7 them, but as far as marijuana use is, what I have seen of
8 it --- I have seen people who continually just use it to
9 get bombed out of their minds, perhaps as an excuse not
10 to face reality, but people use other things like alcohol
11 to do this as well. Can we say that marijuana is wrong
12 because it is physically debilitating? I don't
13 think that we can really say that, because I don't think
14 that there has been any firm --- any conclusive definitive
15 evidence that the use of marijuana is wrong or physically
16 harmful in itself, and I don't think that we can really
17 say that there is any evidence that marijuana use leads
18 to hard drugs. It may be that people who use marijuana
19 for some reason or other go on to use hard drugs. Is
20 this because of the marijuana itself or is it because of
21 the conditions under which people have to get marijuana?
22 And I think that this is one thing we really have to
23 answer ourselves: what is physically wrong with marijuana
24 and I have not had any evidence presented to me either
25 in journals or whatever that it is wrong. I think the
26 recent evidence came up --- I think a doctor in Toronto
27 and one in the States was the only evidence found that
28 marijuana was leading to anything was that people using
29 marijuana tended to be lethargic the next day, but they
30 could not come up with anything else to say that marijuana

1 was wrong. And it is very difficult to deal with the
2 presentation such as has been made which takes as an
3 axiom that marijuana use is wrong and it is harmful, and
4 I think that one thing that I would hope that the Commi-
5 ssion would come out with is a very definitive statement
6 on what marijuana actually does, and I am quite sure
7 that if we were realistic about it, that we would realize
8 that it really is not all that harmful, if at all.

9 Another point that was made was that
10 marijuana use leads to breakdown in the family. I don't
11 really thing that is true, I mean, certainly children
12 now go out and use pot and all that type of thing, but
13 if there is a breakdown it is not from marijuana use.
14 The breakdown in the family relationship has occurred
15 long before any marijuana use. Family breakdown has
16 nothing to do, I don't think, with drug use at all, none
17 whatsoever, and I think that we are making a big mistake
18 in saying that marijuana is responsible for the breakdown
19 of the family, that marijuana is responsible for social
20 diseases. It may be the conditions under which marijuana
21 is used may be responsible for, say, hepatitis, but I
22 know a lot of people who use marijuana who don't have
23 social diseases, who don't have hepatitis and who get
24 along reasonably well with their parents.

25 And that is all I have to say.

26 THE CHAIRMAN: Thank you.

27 (Applause)

28 THE CHAIRMAN: Mrs. Sayle?

29 MRS. SAYLE: May I say something please?

30 When I use the word breakdown I think you misunderstood me.

1 I did not mean breakdown of the actual family, between
2 the mother and the father, but breakdown physically out
3 of grief and worry because it is a problem which parents
4 have never come up against before, and because they find
5 their children have changed.

6 THE CHAIRMAN: Gentleman at the microphone
7 there?

8 THE PUBLIC: First of all I would like to
9 thank the Commission for listening to both sides of the
10 story instead of what Mrs. Sayle would like of listening
11 to one side or not listening at all. --- yes she did.
12 She stated she did not want the Commission to be and
13 why are we wasting the money?

14 But anyhow, I am a student at North
15 Vancouver School so I am pretty sure that Mrs. Sayle
16 is not aware of the amount of drug use, especially
17 marijuana use in North Vancouver School or schools in
18 Vancouver. I know myself I am a user, I am not a pusher,
19 I have never pushed grass in my life, but I know that
20 70% to 90% of the students in the schools in North
21 Vancouver have at one time or are still using marijuana,
22 and I would say a good 50% to 60% of their parents do
23 not know this. But my parents know of it. They found
24 out because I was scared to tell them. My younger brother
25 uses it, he is in junior high, he did tell them because
26 he knew the position that I was in when my parents found
27 out that I was doing it behind their backs. Now I would
28 like to question where Mrs. Sayle got the source for her
29 information. I would also like --- she came out and
30 said that marijuana smoking could lead to hepatitis. I

1 | could say that passing a bottle of wine around a group
2 | could also lead to hepatitis. I feel that marijuana
3 | is neither black nor white, it cannot --- it is sort of
4 | a neutral drug that you can find lots against it, but
5 | you can also find lots for it, and I personally would
6 | like to see marijuana taken off the Narcotics Control
7 | Act and put on the Food and Drug Act. Where drugs like
8 | LSD are now on the Food and Drug Act, I would like to
9 | see it removed from the Food and Drug Act and put onto
10 | the Narcotics Act, because I feel that LSD and other
11 | harder drugs are a lot more detrenous than marijuana.

12 | That is all.

13 | (Applause)

14 | THE CHAIRMAN: Yes, gentleman at the
15 | microphone?

16 | THE PUBLIC: Mr. Chairman, members of the
17 | Commission, ladies and gentlemen: I have been a soft
18 | drug user for the past seven years. I might add that
19 | I am addicted to the pleasures that I derive from the
20 | use of soft drugs. I am thirty years of age and I have
21 | been steadily employed for some five years. I am
22 | concerned about the abuse of drugs amongst the young.
23 | I am not so concerned about the use of them. But I
24 | think drugs, I think alcohol, I think tobacco, any of
25 | these things, it is a matter of I think these are symptoms
26 | of problems which run much deeper. They run perhaps in
27 | terms of a quality of life that we have found ourselves
28 | in Canada at this time. We are being^{made}/aware of problems
29 | of the entire world, the world has shrunk, we are aware
30 | now. Perhaps, and in my case I use drugs to get away

1 from it all. I know I get tired of walking down the
2 street and seeing nothing but billboards, concrete,
3 people hurrying and scurrying, not really making much
4 sense out of their life. But just going about it in
5 utter confusion, and I think that confusion is going to
6 lead us to the abuse of things like drugs, like any
7 stimuli. I really don't think that the legalization ---
8 I am not for the legalization of soft drugs, nor am I
9 against legalization of soft drugs. At this point I
10 don't think that really it is going to make any significant
11 difference to the young people. I think if the Government
12 legalizes it, I think then the young people will turn ab-
13 out and say, "Well, we knew it all along, we were right."
14 This may encourage them to go on to more dramatic forms
15 of drug taking, because maybe it is knowledge, maybe it
16 is an understanding of exactly what they are doing in
17 order to give them a better perspective and enable them
18 to choose for themselves. We could preach fear here.
19 We could talk about venereal disease, but perhaps a lot
20 of our problems today come about through ignorance, through
21 a lack or unwillingness to understand the needs of our
22 fellow man. So I don't propose to suggest any solutions
23 except maybe one, and that is that we all have an open
24 mind, because fear, ignorance, those are the real
25 enemies of the people. Not drugs.

26 I think that is all I would like to say.
27 Thank you very much.

28 (Applause)

29 THE CHAIRMAN: Gentleman at the microphone?

30 THE PUBLIC: Mr. LeDain, I believe the lady

1 there was standing there before me.

2 THE CHAIRMAN: Excuse me, lady at the
3 microphone?

4 THE PUBLIC: Members of the Commission,
5 ladies and gentlemen, I am a native daughter, I am over
6 fifty years of age and I have two grown children and I
7 have a deep concern about the subject. I wrote a brief
8 on this and circulated it widely in Vancouver and sent
9 it to Parliament a year and half ago. It was based on
10 a headline "Police spring round up of 82 dope suspects.
11 Raid aims at pot, hashish traffic." Yesterday when I
12 read my paper I had the curious feeling that I had come
13 in the same door. The heading was "Drug raid arrests
14 reach 93". It went on to say that this might seem like
15 a very big swoop, but it is actually just coordinated
16 this time. This kind of operation goes on all the time,
17 but on a smaller scale.

18 Now I would like to read you the brief
19 that I have brought. It comes from the heart, it was
20 written with blood, sweat and tears because it had to
21 be reduced to one page.

22 Dear Mr. Turner: I enclose front page
23 of the Vancouver Sun, June 12, 1969, headlined: "Police
24 spring round up of 82 dope suspects. Raid aims at pot,
25 hashish traffic." It reports this is the sixth such
26 round up since February 1968, involving charges against
27 388 persons to date, which does not include the weekly
28 arrests that are routine and apparently unending.

29 This is only one of the more shocking things
30 in our "Just Society", but it also needs our attention.

1 Across Canada, young people who smoke pot are arrested,
2 jailed, given criminal records, while the great indus-
3 trialists pollute our rivers, the sea, the air, kill the
4 fish, make beaches unfit for recreation and go, for the
5 most part, unpunished. Also, in our "Just Society", as
6 John Munro said on T.V. recently, the marijuana law is
7 enforced chiefly against young people, while adults,
8 living in a more protected environment, smoke pot with
9 impunity. If the law must be upheld, as some magistrates
10 have intoned while sentencing young people, let it be
11 upheld across the board, let's not discriminate. Why
12 is undercover work not done in adult communities as well
13 as hippie communities? Next time, let the undercover
14 agent go disguised in a grey flannel suit instead of
15 hippie attire and infiltrate the adult community, of
16 which I am a member. Can you imagine the outcome, and
17 the outcry?

18 And if the law must be upheld, why not
19 enforce the law on minors in possession of liquor with the
20 same zeal? Let's be consistent, especially with alcoholism
21 nearing epidemic levels. If we are protecting young
22 people from the still highly debatable dangers of mari-
23 juana, and I hear constantly that we don't know enough
24 about marijuana as we throw the young people in jail.
25 So if we are protecting young people by arresting and
26 jailing them, or is the exercise really one of punishment
27 for breaking the law, then why not protect or punish
28 them in the same way from the undebatable dangers of
29 alcohol, which often result in death, disease, murder,
30 broken homes and carnage on the highways? Or did we find,

1 | as Waring writes, that prohibition/^{of liquor}doesn't work? Then why
2 | should it work any better now with pot?

3 | I leave it to sociologists, psychologists,
4 | psychiatrists to report on the psychological damage done
5 | to many of the thousands of young people arrested and
6 | sentenced. Suffice it that June Callwood on T.V. here last
7 | week said the brief three hours she was jailed in Toronto
8 | broke her down almost completely, even though she is a
9 | respected Canadian personality, a fulfilled wife and mother.
10 | She wondered, as I do, what it then must do to young
11 | people, many of whom are insecure, many deeply disturbed,
12 | who are in need of understanding and compassion, and
13 | instead are brutalized by our "Just Society".

14 | The Hon. John Munro said on two recent
15 | T.V. programmes on marijuana with Pat Watson and Larry
16 | Zolf, that jail terms and even suspended sentences are
17 | not acting as a deterrent. That was a year and half ago
18 | and we are still jailing them. So are these laws punitive
19 | more than corrective? In view of this and of reports
20 | which contain nothing that has not been known for some
21 | years, which continue to come in that alcoholism is at
22 | almost epidemic levels, that cigarettes kill at least
23 | 10,000 people yearly here, and that addiction to the
24 | amphetamines, barbiturates and tranquillizers is the
25 | real threat to our society, not marijuana. Look Magazine
26 | did an excellent in depth survey of the whole picture
27 | two years ago. In view of the credibility gap which
28 | Mr. Munro said exists, I suppose because of the half
29 | truths and misinformation that we have been subjected to
30 | in the name of education on marijuana, in view of

1 all this, I urge you to take immediate steps to see that
2 the police stop these continual arrests and round ups
3 of young people. For years, thought it was illegal for
4 drugstores to sell contraceptives or for anyone to advise
5 on family planning, these laws were not enforced. Our
6 city prosecutor would not prosecute because, as both he
7 and lawyer Mary Southin told me, "This would not be in
8 the public interest." Nor is the law on minors in
9 possession of liquor firmly enforced. I say that the laws
10 regarding marijuana fall into the same category, their
11 enforcement accomplishes nothing, they do not deter, they
12 do not correct, they only punish. The misery, the shame,
13 the psychological damage done to many young Canadians
14 makes their enforcement a national disgrace, they
15 certainly are not in the interest of the people arrested,
16 and they are not in the public interest either. We have
17 indulged in a witch hunt. Let it stop. If we must have
18 a scapegoat, let us question ourselves, as a certain
19 teacher once instructed us: "Why beholdest thou the
20 mote that is in thy brother's eye but perceivest not the
21 beam in thine own?" Our failure to meet, to understand
22 or often even to see the need for change and for social
23 and political reforms, makes us the greater criminal.

24 In the name of justice, Mr. Turner, stop
25 the arresting, stop the jailing of young people for
26 the possession of marijuana.

27 And I say this again as I said it a year
28 and a half ago, with the same feeling and with the same
29 concern of what we are doing to our young people, the
30 example we are setting, the example of the RCMP who put

1 a man in the guise of a singer in Winnipeg, and then arrest
2 the people that he consorted with for that time.

3 At that time the Parent-Teachers Associa-
4 tion meeting in Toronto at a national convention talked
5 about that the image of the police had never been at a
6 lower ebb and in a year and a half this has continued.

7 The image of the police, the example they are setting to
8 all young people, the example that so many adults who
9 profess to be intelligent but who only approach the
10 subject from an emotional outlook, it shocks me. As I

11 say, I am over fifty years of age, and I have two
12 children and I think that instead of preaching about the
13 young people and their so-called morals, I think it is
14 the older generation that is in need of a deep soul

15 searching, double standard, which they permit, which the
16 pushers of alcohol, the pushers of cigarettes, it goes

17 on and on. The hypocisy of my generation and even
18 younger people in their forties and thirties, constantly
19 amaz-s me and we don't see ourselves. We are constantly
20 projecting, constantly projecting it on to the young

21 people. It is a witch hunt. And as I say, I comment
22 in my brief, with a number of excerpts from papers; no
23 evidence of addiction from marijuana, marijuana dangers.

24 A top U.S. psychiatrist, head of the --- Stanley Yolles,
25 head of the Government agency, and it goes on and on
26 and in the year and a half since I submitted this brief
27 the documentation has grown. I will just close by

28 quoting this excerpt from the Sun:

29 "Medical schools' dilemma ---"

30 They can't stop students from smoking pot. A poll was

1 taken of four leading medical schools in the United States,
2 they weren't listed. There was one on the west coast
3 and one in the central and two, now probably one of
4 these was Harvard or Yale, and the students there smoked
5 pot, and if they say in medical schools they can't make
6 students believe that pot is dangerous, wrong, physically
7 damaging, then how are we going to convince the rest of
8 society?

9 The next one is a forensic specialist in
10 New York who has performed autopsies on the bodies of
11 hundreds of drug users and says he has found no evidence
12 of physical damage from the use of marijuana. There are
13 some comments about the psychological and emotional, but
14 I think so many of these spring from the background that
15 is induced from our society, as the previous speaker
16 mentioned. And the last thing, he said the results of
17 tests and information gathered in the city's labs show only
18 about 1% of marijuana users go on to heroin use. We have
19 this constantly dragged in that marijuana leads to
20 heroin. I wonder if in the research on this there have
21 discussed how many of the heroin users drink beer; in
22 which case, beer leads to heroin and we all started out
23 as one British doctor said, on mother's milk, therefore,
24 on this line of reasoning, mother's milk leads to heroin.
25 (APPLAUSE)

26 THE CHAIRMAN: Gentleman at the microphone?

27 THE PUBLIC: Thank you very much, Mr.
28 Chairman. I have got a bit of a bad throat, but it's
29 not from smoking marijuana, it's from tobacco. I am
30 hooked.

1 After the last speaker, it makes it
2 pretty difficult for me, but I would like to start this
3 way: let's not be under any illusions that there are
4 no narcs in this place today; they are here. I don't
5 want to see anybody taking my picture either. And this deal-
6 er round-up that has taken place in the last couple of
7 days, let's be under no illusions on this either, this
8 dealer round-up of 93 people who have been arrested and
9 115 warrants out for the arrests in total, this was done
10 to coincide with your Commission, Mr. LeDain, to put a
11 big drug scare on. And thirdly, the interim report
12 which I had only got parts of from Life Magazine --- I
13 want to commend the Commission for the position they
14 have taken so far. I wanted to make a submission myself
15 personally but I just never had the time lately, but I
16 will put one in and send it through to Ottawa.

17 Now, to answer some of the things that
18 have come up from this Parents group. She said she was
19 confused. I don't doubt it for one second she is
20 confused, because I have never heard such utter garbage
21 in all my life.

22 MRS. SAYLE: Thank you.

23 THE PUBLIC: I started to smoke pot 25
24 years ago in the West Indies, South America, in Africa,
25 all over, smoke a lot of hash in Arabia and Egypt. I am
26 pretty healthy today. I have got a bad cold from tobacco,
27 that's all.

28 But some of the things she has come out
29 with and she is from the North Shore I see. Four years
30 ago I used to buy my pot from the North Shore and used

1 to pay \$9.00 an ounce, and the person I bought it from
2 was selling it to businessmen, doctors, lawyers and
3 businessmen for \$20.00 an ounce and the RCMP never once
4 did bother him. Never once approached this man, this
5 dealer, never once, because he was selling it to the
6 right people. But yet they will go out and arrest kids,
7 young people, and put them in jail and make criminals
8 out of them. I find this absolutely ridiculous. I came
9 here today with my family. We all smoke pot, and we
10 smoke hash, and we drop acid. We are a psychedelic
11 family, and we are very proud of it, and we love each
12 other very much, and I think this is one of the reasons
13 that the relationship between parents and children is
14 not there is because the parents don't get into their own
15 kids heads and find out where they are, and vice versa.
16 The kids get into the parents' heads.

17 And as somebody said here previously about
18 booze, I was there for nearly twenty years, I made that
19 trip too, and thank God I don't hit it off any more.
20 I haven't touched any more hard liquor at all. I like a
21 few beers and I enjoy them once in a while. But as far
22 as psychedelic families are concerned, I find it to be
23 that this is really where it's at, this is the closest
24 you can ever get to your children, especially if it is
25 done therapeutically.

26 I think I will leave it at that. I may
27 want to speak later on if there is a possibility, because
28 I never picked up enough material or compiled enough
29 material to present a brief. Would that be all right,
30 Mr. Chairman?

1 THE CHAIRMAN: Certainly. I think there
2 should be another opportunity, although we have a long
3 list of submissions but we are going to do our best right
4 up to the end of the day. That has been as late as
5 midnight in some cities, so I will give you fair warning
6 now.

7 But thank you.

8 THE PUBLIC: Thank you very much, Mr.
9 Chairman.

10 (Applause)

11 THE CHAIRMAN: I should perhaps, Mr. Jones
12 and Mrs. Sayle, if you would like to take your leave I
13 thank you for your assistance today.

14 Mrs. Ellen Shaw is scheduled to make a
15 submission. Mrs. Shaw, do you wish to make a submission?
16 You did say something earlier? Would you like to add to
17 what you said?

18 MRS. SHAW: I would. I have a few points
19 I would like to bring out, sir.

20 THE CHAIRMAN: Fine. Would you like to
21 be seated at the table? I recognize the lady at the
22 microphone.

23 THE PUBLIC: Yes.

24 THE CHAIRMAN: Thank you.

25 Please proceed.

26 THE PUBLIC: I am answering on partly what
27 has taken place this morning and there was someone who
28 said that there is all kinds of drugs being used and
29 pushed on television and so forth. Well, this is a
30 result of the medical convention at Harrison last year,

1 and it says, "All drugs are dangerous. Pick your own
2 poison with care", advises a former University of B.C.
3 physician and pharmacologist. "Potentially all drugs
4 are dangerous", says the doctor in an interview Monday
5 during the B.C. Medical Association Convention. "Drugs
6 are chemicals which act on the biological system. Vir-
7 tually all drugs are sedative poisons in that they
8 deliberately alter the functions of the body. I use the
9 word poison in quotation marks because of their effects
10 on different parts of the body." Now, a British doctor
11 stated in his research last year that out of 70 heroin
12 users, 69 had started with marijuana. In the Vancouver
13 Sun on October 3, 1969 it says, heroin addicts started
14 with pot. 45% of recent heroin addicts in Vancouver
15 started with marijuana according to the Executive
16 Director in the Narcotics Addiction Foundation in B.C.

17 55% became addicted directly to heroin
18 but the rest progressed to heroin after a period of
19 multi drug usage, he said. It starts with marijuana,
20 then on to LSD or speed and a stimulant and then to
21 heroin.

22 "Drugs said found near the death house ---"
23 this is August 13, 1969, Vancouver Sun, Los Angeles:
24 "Drugs and marijuana were found in an expensive sports
25 car parked outside the estate where actress Sharon Tate
26 and her four companions were slain last weekend, it was
27 learned." This is associating marijuana with all of these
28 other things, and how many people start with marijuana
29 first. In reference to jail sentences, "Hippie hero
30 drops in." June 16, 1969, Los Angeles, Gridley Wright

1 who dropped out of the stock broker's life to become a
2 hippie high priest says 18 months behind bars has
3 changed his mind about drugs. He told Judge Mark
4 Bramber, Thursday, that he did not want to use marijuana
5 and drugs any more, and no longer wishes to be a symbol
6 of those who do. Bramber impressed by Wright's apparent
7 sincerity ordered him on probation. He's done it once
8 before, but Wright, 35, reneged on a promise to leave
9 drugs alone and stay away from users. Re-arrested, he
10 had been ordered by Bramber to serve time until he changed
11 his mind. Wright told the judge Thursday that the drug
12 use and advocacy just isn't worth it. Newsmen asked him why
13 he changed his mind. "Captivity did it" he said, "I got
14 tired of being locked up and my agreeing to the terms of
15 probation was the only key to the lock." "LSD causes de-
16 formities." Now you realize how many people, 45% were
17 marijuana users that go on to other drugs. LSD causes
18 deformities: the drug LSD can cause abortions, stillbirths
19 and deformity in rats, and its effect can be transmitted
20 to other generations. A scientific report said here today,
21 the effects of LSD are not uniform in different rats, and
22 the data on rats is not applicable to man, the report by three
23 New York researchers added. We would recommend extreme
24 caution in the use of LSD, be it for a therapeutic or
25 hedonistic reasons at least until more data are obtained
26 because of the possibility of hidden or delayed damage.
27 In August 13, 1969, three were arrested in an LSD find
28 and police said that each of these, police said the drug
29 was found in blotting paper which users chewed to obtain
30 the effect of the hallucinogen. Police said that
each of the 800 blotters seized measured

1 about 6" x 8" and was ruled into 1" squares on which a
2 drop of LSD was placed. If each square sold on the
3 underworld market for about \$5.00, the illicit value of
4 the seizure would be about \$192,000.00. Now, "We decided
5 to try pot", Vancouver Sun, 1970. Two 13 year old kids
6 discuss their drugs, Montreal, Marie and Anne: Like many
7 other girls of their age they have experimented with drugs,
8 marijuana, hashish, LSD and mescaline. Both started at the
9 age of thirteen. They are not the youngest users in
10 Montreal, but they are the youngest a social worker was
11 able to find who was willing to talk about themselves.
12 Psychiatrists, doctors and social workers stated some
13 youngsters aged nine used drugs in Montreal, What chance
14 have these young people of knowing what effect this is
15 going to have on their bodies, on their minds, on their
16 souls, on their health, on their offstrping if they ever
17 reach the age where they get married?

18 And also on their health. If they become
19 vegetables, who looks after them in society? Do we want
20 half of our society laying around as vegetables? Are
21 they going to be producing in society and upholding our
22 way of life?

23 The girls lived in an east end, middle
24 class environment. They said they turned on to the drug
25 culture either to get away from society, they criticized
26 --- who are thirteen year olds to criticize society?
27 Why they're not even dry behind the ears yet. To get
28 away from a society they criticized or to explore their
29 own feelings and emotions. "I started experimenting
30 with drugs at the end of August a year ago. I don't

1 know really why. I guess I was just curious to find out
2 what they were like," says Marie. "A bunch of my friends
3 decided they wanted to try pot. We had never done it
4 before." She tried mescaline only once and had no
5 intention of trying it again. "That was bad." I felt
6 just like a garbage can after." And these are thirteen
7 year olds. What are we doing to protect them? Can't we
8 make a better society so that these pushers, are we going
9 to make a society that these pushers can work freely without
10 fear of jail if they legalize marijuana? If you read
11 these statistics, you will know they lead to harder drugs.
12 Marijuana or pot, and hashish both come from cannabis
13 plants. Pot is smoked like a cigarette. Both pot and
14 hashish tend to disorganize the thought process, distort
15 perception and dull attention. Effects are felt in about
16 thirty minutes, and a trip lasts up to twelve hours for
17 LSD. During the trip perceptions alternate, ego seems to
18 divide into an absorbing monitoring self. It is a false
19 impression these people get. The user may feel he is
20 making deep contact with people around him, breaking
21 down social barriers and inhibitions. In a split second
22 a trip can become a nightmare, paranoid hallucinations
23 or deep, sometimes suicidal depressions.

24 Now for these people who say that
25 marijuana is not harmful, this is an investigation that
26 has been done into these things and if smoking marijuana
27 or doing pot releases the inhibitions, reduces pressure,
28 impairs judgment, creates illusions, causes distortions
29 of distance at times, alters
30

1 reality, makes temporary escape from personal hang ups
2 and having personal problems easy, bizzare and unpre-
3 dictable behaviour can cause harm to users and others,
4 can create psychological dependence, can cause bronchitis,
5 creates a sense of well being even in the case of real
6 danger.

7 Now I ask you, do you people want a
8 society where this is made legal? Where anybody can
9 smoke it and then want to fly an airplane, where your
10 pilot has had it, or where your doctor is going to
11 operate and he has decided he needs a marijuana smoke
12 or something of that sort? Just think of the dangers
13 that you are unlocking. A real Pandora's Box.

14 THE CHAIRMAN: Thank you.

15 (Applause)

16 THE CHAIRMAN: Mrs. Shaw?

17 THE PUBLIC: Just a minute Mr. Chairman,
18 I should have spoken before this lady. I sat down
19 because she was so long. I am a busy man and I just
20 want to speak about three minutes.

21 (Applause)

22 THE CHAIRMAN: With your permission, Mrs.
23 Shaw?

24 Go ahead.

25 THE PUBLIC: My name is Alan Patterson,
26 Mr. Chairman and Commissioners, but I do want to express
27 two things. One is what is happening in Vancouver and
28 West and North Vancouver is by no means indicative of
29 what is happening in Canada. And I urge you when you
30 are finished, to ask the Government in Ottawa to switch

1 off this encouraging young people so much on painting
2 and art and academics, and more in the training and
3 facilitating of athletics. It is my belief --- and I'm
4 just about through --- that the people you are listening
5 to are off balance. You have got most Canadians who
6 are not addicted to hardly anything, they are pretty
7 lethargic. We are dealing --- I feel sorry for the
8 parents but that is the trouble with parents, they are
9 so anxious afterwards, but what about before? And I
10 urge you Mr. Chairman and I am not known as an apple
11 polisher, but I can't think of a Commission in the last
12 25 years that has done more than this Commission has to
13 bring out all the facts of the drugs, and I can't
14 condemn more highly the Vancouver School Board when they
15 brushed off when it was suggested that some of the
16 children were taking drugs, "Well, it is unheard of."
17 And I really do hope that when it is all finished that
18 you will encourage the Government, encourage the young
19 people that are not addicted to all this nonsense that
20 is going on in Vancouver especially, and North Vancouver,
21 more into athletics, and less into apathy.

22 THE CHAIRMAN: Thank you. Mrs. Shaw?

23 MRS. SHAW: Mr. Chairman, members of the
24 Commission, ladies and gentlemen. I am sure we have
25 repeatedly heard many things repeated here today. I
26 came here today with the one purpose, to point out two
27 things that I have not heard discussed too much. Number
28 one, I would like to know the definition of a pusher.
29 In the event that the death penalty or any such harsh
30 penalties ^{being} / prevailed upon us, I would like the

1 Commission to give a definition of a pusher. In doing
2 so, I would like their opinion on what they consider
3 is worse, a pusher or a promoter. I would like some
4 explanation. I do not consider the child in school,
5 the young person away from home on the street pushing
6 drugs a pusher. They are doing this to support their
7 drug habit. I question the pusher who is living in
8 luxury and who is using our youth as pawns. What is
9 your definition of this, what do you intend to do to
10 lessen the promoters in the society in which we live?
11 For instance, the Immigration Department just last week,
12 were very permissive in allowing a radical to go to
13 Manitoba University. Fortunately for Manitoba, he didn't
14 show up. We had one here, Rubin, enter the University of
15 British Columbia and they freaked one of the staff rooms
16 in that university. I think we should give direction
17 to a pusher, to the definition of a pusher and to the
18 promoters and eliminate them from our society and keep
19 these types of people from encouraging and counselling
20 or having anything to do with our youth. Maybe Mr. Stein
21 would like to answer the problem of the pusher, what he
22 would feel would be classed as a pusher?

23 THE CHAIRMAN: I am sorry I have to
24 intervene Mrs. Shaw. We are not here to express
25 opinions beyond what we have said in the Interim Report
26 and in our Interim Report we have quoted the definition
27 of trafficking in the Narcotic Control Acts, the Food
28 and Drugs Act, and we have also in our final chapter,
29 we have made some comment on the problem you raised, as
30 to different kinds of trafficking and we have actually

1 made an interim recommendation concerning the definition
2 of trafficking to exclude a certain transfer, a certain
3 kind of transfer, from one to another. But, what is
4 regarded as marginal trafficking, but we should not add
5 to what we said there, so we have shown in the Interim
6 Report our concern about this question and we made an
7 interim recommendation.

8 MRS. SHAW: And there will be consideration
9 given to the promoters?

10 THE CHAIRMAN: What do you mean by
11 promoter?

12 MRS. SHAW: Promoters are people that
13 convince our youth that to turn on is the thing to do.
14 A week ago today in the Sun for instance, Timothy
15 Leary encouraged the American youth to trip off, blow
16 their minds, be radicals and scare hell out of society.
17 I think we have had sufficient of these types of people
18 brainwashing our youth.

19 THE CHAIRMAN: You mean people who advocate
20 certain things?

21 MRS. SHAW: Yes.

22 MR. STEIN: Perhaps you could comment a
23 little bit more there regarding your own views, about
24 what you think is appropriate social policy for young
25 persons who are selling drugs. I think this is one of
26 the things ---

27 MRS. SHAW: As was recommended in the
28 Commission, they suggested fines for people charged with
29 possession of marijuana. I would like to suggest to the
30 Commission that we consider having those people go for

1 counselling, have their conditions evaluated by a physi-
2 cian. If they need therapy, see that they have therapy,
3 see that they are readjusted and put back as functional
4 people in society because I personally know from talking
5 with many, many youth in Vancouver and surrounding area,
6 that these people lose their sense of responsibility
7 when they get in the habit of abusing soft drugs. It is
8 all right for a person of high intelligence who knows how
9 much marijuana to smoke, when to use it, how to use it.
10 It is all right for people like that to get out and say,
11 "marijuana does not hurt you." But what do fourteen,
12 fifteen and sixteen year old children, boys and girls,
13 know about use and abuse? They are not mature enough
14 to draw the line and differentiate between the two, and
15 these are points I think should be brought out and this
16 points out the great necessity for factual education in
17 our schools to be started at an early age, so that our
18 youth will know the dangers of abuse, so that they will
19 know how to use drugs respectfully, and for medical
20 purposes. I do not feel that extreme jail sentences is
21 of prime importance in rehabilitating youth with the
22 drug problem. I think therapy and counselling done by
23 the right people would be more productive and would end
24 in giving us a more productive society.

25 Now, when Mr. Munro first came into office,
26 I pointed out the views I took when I reported drugs
27 starting in our midst in 1965. I was laughed at. Well
28 it is no longer a laughing matter and if you will look
29 at the files of histories that I presented to Mr. Munro
30 in Ottawa and if you have read some of the writings

1 produced by people coming down off drugs, you could see
2 the confusion in the minds of the young people that were
3 treated, young people who used and abused the soft drugs.
4 All of this material is in Ottawa and is in the hands of
5 the Honourable John Munro, and I would like to suggest
6 that it is at your disposal any time you would like to
7 have it.

8 That is all I have to say.

9 THE CHAIRMAN: Thank you Mrs. Shaw.

10 Lady at the microphone?

11 THE PUBLIC: Unlike the lady who spoke previous
12 ly about river pollution, I am mainly concerned with
13 mind pollution and like the gentleman says it is a
14 terrible thing to have to write a brief when parents
15 have to say what is in their hearts, what the heartache,
16 the anxiety that they have gone through. I saw my son
17 go from a happy fun loving youngster to a vacant-eyed
18 vegetable in three solid years. And I am here to say
19 he started on marijuana and he ended up a speed freak.
20 Now there is no place for him to go to to receive
21 treatment so therefore I have to wait at the Commission's
22 disposal until there is a place. He was in hospital for
23 five weeks with infectious hepatitis and at that time
24 was receptive to treatment. But because there was no
25 place for him, he went back out on to the streets and
26 back to the crowd that he had lived with, and back on
27 drugs. Now, I am saying that you have got to do something
28 for the parents. Sure we are emotional. Who wouldn't
29 be emotional when they lose their children? We can't
30 help that. We have gone through hell and heartache. What

1 is wrong with our nation that we have to have drugs, we
2 have to have alcohol. Why can't we stand on our own
3 two feet? And as far as the medical students are
4 concerned, three weeks ago I addressed a group of medical
5 students from U.B.C. and I too found that many of them are
6 pot smokers, or in favour of pot smoking, and I too say
7 I hope to God I never have to go out under the knife with
8 a doctor who has been smoking pot. Mr. Munro, when he
9 addressed the doctors in Vernon recently said, "LSD causes
10 permanent brain damage." Thank you.

11 (Applause)

12 THE CHAIRMAN: Thank you.

13 Lady at the microphone?

14 THE PUBLIC: Like everybody has been saying
15 mostly that it is youth and everything, and I am sixteen
16 and the lady --- I don't remember her name but she was in
17 the red dress and she was saying the kids that are only
18 about sixteen years old, like they can't make any decisions,
19 and I think I can make a few decisions for myself, and I
20 think I know a little bit about what is going on and I
21 know what marijuana is, and like I don't need somebody that
22 is older to tell me what it is. And kids do know some
23 things, don't fool yourself. And also she was saying that
24 people brainwashing our youth get them to use pot, and like
25 she said these people shouldn't be around. But I am
26 wondering if we are getting brainwashed from all sorts
27 of different things and it was from all sorts of
28 different things, and she is saying she only wants her
29 kind of influence on us and like she only wants the
30 children to be influenced by the kind of influence she

1 | can give, or people that believe in the same things she
2 | can give, and no other kind of influence or brainwashing.
3 | And like that is stupid because there are very many
4 | different kinds of people and we can't only have
5 | influences coming from one kind of people and not from
6 | everything else.

7 | THE CHAIRMAN: Thank you.

8 | (Applause)

9 | THE CHAIRMAN: Excuse me. Just before
10 | we proceed with the people at the microphone I call on
11 | Superintendent Wm. Nevin. Is he present?

12 | Is Superintendent Nevin here?

13 | Gentleman at the microphone?

14 | THE PUBLIC: I haven't got anything
15 | written up in a formal manner but I would like to just
16 | put my views across. I have used marijuana off and on
17 | since I have been in Grade 8 and I am now in Grade 12.
18 | It has not harmed me; it has not impaired my judgment
19 | of anything. I have used it because I enjoyed it, I
20 | like the feelings it gives. I never relied on it. I
21 | did it of my own free will because I wanted to. Now a
22 | lot of people have the opinion that marijuana use can
23 | be harmful and people become lethargic and do
24 | not want to do anything. In my case I can say that
25 | honestly I never found that to happen. It has never
26 | affected my performance in school. I have always
27 | managed to remain in the top part of my class all the
28 | way through much to a lot of teachers' dismay I might
29 | say.

30 | Anyway, I feel that marijuana should be

1 perfectly legal, the same with hashish. I feel that
2 there should be no barriers to people getting it other
3 than perhaps the same as for alcohol. Alcohol laws are
4 not enforced like the woman said before, and in the
5 school I am at I know a lot of kids who are not nineteen
6 and who have been in the pubs, kicked out, that's all.
7 They were found to be younger than nineteen and they are
8 kicked out. But ^{if} the same kids were caught with grass, they
9 may be in jail. I think the biggest harm there is to
10 marijuana is its illegality and it throws so many young
11 people into jail. Putting people in jail to associate
12 with people who are in there can only be detrimental.

13 DR. LEHMANN: How old were you when you
14 started?

15 THE PUBLIC: Fourteen.

16 DR. LEHMANN: How old are you now?

17 THE PUBLIC: Seventeen.

18 Speaking to the lady that said heroin was
19 a result of marijuana, and I was at a meeting a few
20 years ago where a man was from the Narcotic Addiction
21 Foundation and I don't know his name, but I asked him
22 how many people that ^{he knew} had been treated at the Narcotic
23 Addiction Foundation had used marijuana before going
24 on to heroin, and he said of 1,200 addicts they treated
25 for either heroin or barbiturate addiction, of that
26 1,200 only 5 had ever used marijuana in their life. The
27 rest had started first on alcohol or had started because
28 their friends told them to. I can only say that in my
29 --- for myself and people I know who have used marijuana,
30 none of them have every used heroin, I never have, I

1 never intend to. And anyone who thinks that marijuana
2 leads to heroin is very wrong, and I feel sorry for
3 anyone who wants to hold that kind of opinion. I still
4 believe marijuana should be under --- about the same
5 restrictions as alcohol, and the same availability.
6 And the talk about death penalty for pushers, it shows
7 that there is a lack of something in the society, there
8 is a wrong set of values for people who do rape the
9 resources and pollute the air and water and make this
10 province and this country unsuitable to live in are more
11 criminals than someone who smokes marijuana, because
12 they like to. Farewell, thank you.

13 (APPLAUSE)

14 THE CHAIRMAN: Gentleman at the microphone?

15 THE PUBLIC: We are taught in school that
16 there is a diversity among living things and right here
17 there is a diversity among people, like there is two
18 classes of people here, two main major classes and we
19 are not, you know, getting together and doing anything.
20 It is just two classes of people. Well on the one hand
21 we have --- there is a diversity with crutches. On the
22 one hand we have money which is a crutch. I mean people
23 are mixed up after coming down off money. Because look
24 how many people jump off buildings in a stock market
25 crash, they are hung over from money. Look at religion.
26 Look what a crutch it is, look at how people prepare
27 themselves for death by believing in an after life. That
28 is a bigger crutch than marijuana or any other drug.

29 I think marijuana should be legalized, I
30 don't think anyone should have any say in whether anybody

1 else should use it or whether they shouldn't use it, and
2 that's it.

3 (APPLAUSE)

4 THE CHAIRMAN: Lady at the microphone?

5 THE PUBLIC: I think, and I believe our
6 main consideration today should be on what is going to
7 promote the best world for our future and maybe the
8 consideration should be is, what is the value? It is
9 what contributes to life, not takes away from life, that
10 should be our main concern.

11 Thank you very much.

12 THE CHAIRMAN: Thank you.

13 (Applause)

14 THE CHAIRMAN: Just before I call you,
15 sir, is Superintendent Nevin here?

16 I call then on Professor Don Brown, British
17 Columbia Civil Liberties Association. Is Professor Brown
18 here?

19 MR. BROWN: Yes sir.

20 THE CHAIRMAN: I recognize you, sir, at
21 the microphone.

22 THE PUBLIC: Thank you, Mr. Chairman.
23 I'm not here to discuss the illegality or the immorality
24 of the use of drugs. My endeavour is those who are
25 suffering from drug abuse, and I would like to state to
26 some of the previous speakers there are organizations of
27 a lay nature as well as professional nature that are in
28 this field and I represent a small lay organization known
29 as the Pacific Drug Dependency Society in Victoria. I
30 wanted to point out just a few statistics of the people

ten
1 that we have about/patients at our facility at the
2 present time, and it seems to me to run as a pretty true
3 cross section of those that are suffering from drug
4 abuse, considering here that alcohol abuse is drug abuse.

5 Of the ten people we have one in there
6 that started on heroin, and has never used marijuana.
7 We have a female with us who has the problem of soft
8 drugs, marijuana, barbiturates and alcohol and heroin
9 is the last one. We have one male whose problem is
10 alcohol first, combined with soft drugs if I can use
11 that term. We have one who is primarily barbiturate and
12 alcohol and tranquillizers. We have one male who is
13 in there for purely barbiturate addiction. And we have
14 another male, and I say this tongue in cheek, who is in
15 there on account of marijuana. He has discontinued the
16 use of soft drugs. When he uses marijuana at the present
17 time he gets a bad trip that relates to an accident that
18 he had while he was using marijuana. This is the first
19 person in our experience that has come to our organization
20 with a problem of marijuana. And we have four whose
21 problem is solely alcohol out of the ten. Now this seems
22 to be a cross section of the drug abuse situation in
23 Canada as I see it from a rather unqualified position;
24 that about 70% of the trouble society is having in this
25 field is due to alcoholism; 1% heroin; and you can split
26 the other up among the rest. Now realize we are only
27 dealing here with people who are hurting and voluntarily
28 come to solve their problem. I also would like to point
29 out that we have come to the conclusion that it is a
30 psychobehavioural problem either through a predisposition

1 or through continual abuse. The end result is the same
2 as far as lay treatment is concerned.

3 I would like to close --- I hope this
4 doesn't start too much of a controversy --- but there is
5 a street saying in Victoria, "If the heat is on, and/or
6 dope is scarce, let's go to jail, it's easier to get
7 it there."

8 THE CHAIRMAN: Thank you.

9 Professor Brown?

10 MR. BROWN: Mr. Chairman, if I could
11 introduce Mr. David Leslie who was able to make it
12 here after all. The Civil Liberties Association offered
13 a number of comments on the Interim Report which we
14 sent to you last summer soon after the report came out
15 and we would be glad to answer any questions about those.
16 For today, I wanted to read a statement on two matters
17 only, one, Writs of Assistance, and the other Compulsory
18 Treatment. In addition, I would like to just repeat
19 one kind of general remark from those that we sent to
20 you, mainly that we congratulate the Commission on its
21 distinguished report and we think that its very existence
22 in itself is a contribution to solving the problem.
23 And since there has been a certain amount of conservative
24 criticism of the recommendations of the report, we would
25 like to say again that we think that in every case in
26 which the Commission has recommended a reformatory law
27 that its recommendations are fully justified by the
28 arguments given in the report, and our main form of
29 criticism would be to urge the Commission to go further
30 in the direction of the arguments of our first brief.

1 With respect to Writs of Assistance, the Commission has
2 expressed some reaction to the extraordinary powers of
3 search under the Narcotic Control Act including the
4 availability of Writs of Assistance. There are various
5 aspects of enforcement including entrapment, physical
6 violence and the use of undercover agents, informants.
7 On these matters we have a few comments to add with
8 relation to Writs of Assistance. The basic objection to
9 Writs of Assistance is no doubt the extent to which the
10 actions of the police in searching, breaking open and
11 seizing are free from the traditional necessities of
12 authorization and review by the Courts. The subsidiary
13 objection is that the Courts are degraded and a false
14 appearance of judicial function is given by a writ which
15 a Court must issue without consideration of its merits.
16 But the issue seems less one of how repugnant the Writs of
17 Assistance are, which is evident enough, than it is an issue
18 of how necessary they are. The advantage it secures the
19 police may well be effectual on factual grounds, for
20 example, by comparison with American enforcement. But
21 the comment of the Commission is that, they, like the use
22 of undercover agents and informants "reflect a part of
23 the special price that society must pay for enforcement of
24 drug laws", and it has been reluctantly conceded "so long
25 as there must be a serious effort to control trafficking."
26 Now, we wish to point out that such judgments are much
27 more factual judgments of handling marijuana under Writs.
28 The police claims about their usefulness is clearly
29 authoritative. The judgment still requires a weighing
30 of the actual damage to civil liberties against the actual

1 relief of social needs secured by a type of enforcement,
2 and in addition it requires the judgment that no alternative
3 strategy based less on enforcement and more on social
4 medical and economic pressures could constitute a serious
5 effort to control trafficking. The whole approach to drug
6 problems is evident in the appearance of simple judgment
7 in the necessity of paying such a price. The Commission,
8 we think rightly, traces the unusual law enforcement
9 practices with respect to narcotics to the absence of
10 victims or third parties with an interest in calling in
11 the police. But this circumstance of a drug problem does
12 not only have to explain the enforcement methods. It
13 seriously undermines the justification of the use. There
14 would have to be victims or, failing damaged people,
15 there would have to be some kind of national emergency in
16 order to justify such sacrifices of the normal processes
17 of law.

18 Now with respect to treatment, in Section
19 477 of the Interim Report the Commission says, it recog-
20 nizes as a major task the examination of the proposals
21 for legislation that would result in compulsory treatment
22 for heavy drug users. We appreciate what the Commission
23 alluded to in that section, and we would welcome an
24 authoritative exposition of the objection constituting com-
25 pulsory treatment. In our view the case against compulsory
26 treatment is so fundamental and so strong that it would be
27 misleading to regard it as a general option. With respect
28 to specific difficulties in such legislation, we draw to
29 the Commission's attention the address of difficulties
discussed by Dennis (Aronikas) in his paper, "Civil
30 Commitment of Narcotic Addict and Sentencing for Drug Offences

1 which is an appendix to the Task Force Report of 1957 in
2 Washington. This discussion concerns recent American
3 experiences. It is difficult to be equally specific
4 about all possible proposals for Canada, and our intention
5 in any case is only to present some general consideration
6 that can keep schemes of this kind in perspective.

7 I am aware there is some risk of labouring
8 things that may be obvious to the Commission, but there is
9 importance of issue behind that. The robust sense of
10 the issues must surely put forth a simple point which
11 could be crudely states as follows: compulsory treatment
12 is nonsense because there is no treatment. Subjection
13 to it then is worse than nonsense, it is injustice.
14 More precisely in keeping to the field of heroin addiction
15 there is no such thing as an identifiable illness for which
16 a standard or workable treatment is known. It is not a
17 question of withdrawal which can be accomplished forcibly
18 or more or less forcibly. The problem is the tendency
19 to revert to use on the part of those who show some
20 evidence of having, or maybe presumed to have some desire
21 to be free of addiction. There may be good prospects
22 for many addicts especially among the newer classes
23 of addicts in ordinary medical care and in therapeutic
24 counselling. That is precisely because they are well enough
25 motivated that if we were to give them some help, they
26 could take their problems in hand. But it seems universally
27 agreed that for many typical addicts, their drug dependency
28 is only part of the surface of deep personal problems of
29 many kinds. Or they may even perceive their condition as
30 mental illness and regard their dependence as a symptom

1 | they want to relieve. It does not follow that they can
2 | be cured even with large scale practical help and ex-
3 | tended and expensive psychiatry. Most of those working
4 | with addicts to the extent that they avoid despair
5 | always remained aloft in controversy as to what methods
6 | offer any hope. We can imagine a nightmare of
7 | compulsory treatment for neurotic inadequacies in the
8 | population at large, whether these inadequacies were
9 | associated with alcoholism or marital conflict or
10 | profession failure or a breakdown during a professional
11 | success. For many addicts, compulsory treatment would
12 | not really be comparable to compulsory treatment of such
13 | ill defined and unmanageable effects, it would be an
14 | actual instance of it. The starkly discriminatory
15 | character of such a proposal is a sufficient repudiation.
16 | There is no need to enter upon the relevance to drug
17 | dependency of such things as the lack of education,
18 | employment and social environment since the most
19 | favourable medical analogy deals a reduction to practical
20 | absurdity of the whole idea. In short, as (Aronikas)
21 | concludes in his papers to the President's Commission,
22 | "As long as there is no evidence to show that existing
23 | methods for treating addicts hold out reasonable prospect
24 | for cure, civil commitment is but a euphanism for
25 | imprisonment."

26 | The above argument is attractive because
27 | it appears conclusive regardless of one's social
28 | attitudes, but it is in danger of conveying the implica-
29 | tion that if heroin dependency had the well defined
30 | medical status of diabetes or gastric ulcers, it might

1 then be legitimate to compel treatment. But no one
2 denies that it would be outrageous to compel treatment
3 for diabetes or gastric ulcers. What then can justify
4 such an inversion of medical ethics ensuing as it does
5 on identification of dependency as an illness rather
6 than a crime. What becomes of a man's right to decide
7 whether his condition is unsatisfactory, whether he
8 needs any treatment at all? What becomes of his right
9 to seek out the treatment he wants when he wants it?
10 The arguments that are used seem to be mainly three:
11 it is said first that the addict spreads his addiction
12 like a communicable disease, and second that the addict
13 is extremely prone to crime to support his habit, and
14 third that the cost to society in dealing with the
15 problem of addiction is very high. On such ground it is
16 said that the rights of the patient are in conflict.

17 There are detailed replies to these argu-
18 ments which are sufficient. One is that the analogy
19 of construction is quite false with respect to the nature
20 of the condition, the ways of starting drug use and the
21 medical possibilities. Another is that all three grounds
22 of complaint are to a striking degree artifacts of the law
23 of enforcement policy. But once again, such discussion
24 misleads. The main thing to say is that even if the
25 complaints stood, the weight that would have to be
26 attached to them is grotesquely out of proportion.
27 The most grave inflictions imposed on the laws such as
28 loss of liberty are usually cases of punishment. We
29 accept imprisonment as fair when we do accept it, partly
30 because the convicted person has himself inflicted harm

1 on others. It is by his crime that he forfeits his
2 right to be at liberty. Exceptions to this attitude
3 are rare. They occur in national emergencies when
4 military conscription is thought necessary; they occur
5 in the case of the commitment of the insane when it is
6 no longer possible at all to deal with the person on
7 usual human terms. But in each such case the greatest
8 necessity must be shown. A society in which citizens
9 can be deprived of liberty or given the equivalent of
10 severe punishment merely to solve a social problem or
11 to implement Government policy, or to save money, is
12 rightly classified with society's having forced labour,
13 arbitrary deportation and concentration camps.

14 On the other hand, minor impositions such
15 as compulsion to appear as a witness or to disclose
16 income and quarantine during the period of an infection
17 can be justified on more every day grounds. It would be
18 unreasonable to propose provisions for treatment which
19 inflicted no more than inconveniences of that order
20 provided that one could see a comparable need and a
21 comparable assurance of meeting the need. But no one
22 can realistically suggest that chronic heavy drug use
23 is on this scale. Compulsory treatment even if there
24 was a way to secure success, would take a long
25 period of time and would mean either confinement or
26 threat of severe penalties against those who are compelled.
27 The overwhelming and emergency justification that would
28 be needed for such major conscription is completely
29 lacking.

30 The fact is that proposals for compulsory

1 treatment of drug users are shattered under the previous
2 existence of a statute defining criminal offences. The
3 relevant offences are typically possession and the
4 kinds of trafficking that is essentially to support a
5 habit. Since addicts are criminals already, it seems
6 no worse and presumably better to impose treatment
7 during imprisonment or as an alternative to it. But it
8 can surely be taken as obvious by now that addiction
9 ought not to be regarded as a crime, and that sheer use
10 which entails possession for use is not a criminal acti-
11 vity. We see here a further ground of the importance
12 of the view which this association has constantly urged,
13 namely that possession as distinguished from trafficking,
14 ought in no case to be an offence. When the Commission
15 was showing serious reservation about the offence of
16 possession, gave reasons for not yet recommending its
17 removal from the law expressed only, the utility of an
18 offence of possession and the suppression of trafficking.
19 We do not think this argument is sufficient justification,
20 and even if it were it would have no tendency to
21 justify the view that possession was in itself a properly
22 criminal act. There is no argument left in favour of
23 treating the chronic user as fair game for major inflic-
24 tion or deprivation of any kind. It is therefore the
25 existence of an unjust and illegitimate law which gives
26 initial plausibility to the supposed right of imposing
27 compulsory treatment.

28 Our argument has led back, as it must,
29 to the plea we made in our brief to the first
30 hearing of the Commission. We there tried to

1 exhibit the oppressiveness of our present legal approach
2 like its proposed extension to compulsory treatment as
3 aspects of a twisted conception of the social problem.
4 Our plea was to seek voluntary treatment, maintenance and
5 law enforcement as aspects in an alternative overall
6 strategy, the outline of strategy. The recent authori-
7 tative short statement of the point of view we advocate
8 is available in a section called Drug Addiction, it's
9 a self escalating problem, in Edwin Schurr's recent book,
10 Our Criminal Society. We hope that the Commission will
11 offer its own inclusive alternative view on the problem,
12 because we feel that only in the light of such an
13 alternative view can we escape both a narrow obsession
14 with enforcement and the constant erosion of civil
15 liberties.

16 THE CHAIRMAN: Thank you. Professor
17 Brown, I should have asked you to introduce your
18 colleague.

19 MR. BROWN: Yes, I did sir. He is Mr.
20 David Leslie.

21 THE CHAIRMAN: Would you care to add
22 anything Mr. Leslie?

23 MR. LESLIE: Yes, I just wanted to add
24 one thing in regard to Writs of Assistance. The problem
25 seems to be with Writs of Assistance, firstly where
26 you have them at all, because they are rather extraordi-
27 nary powers of search. Secondly, once you have them, the
28 extent of their use is rather disastrous because if you
29 take specific instances, an RCMP officer goes in say,
30 and searches a house where he believes there is drugs

1 existing in that house, quite often they will --- the
2 RCMP will go into the kitchen, they will take everything
3 apart. What they will do, they will empty out the
4 flour bins, the sugar, everything out on to the floor,
5 they will pull the walls apart and see what is behind
6 the wall. They will pull the walls apart and if there
7 is anything hidden behind the wall. Having done this,
8 quite often they don't find any drugs and they then
9 leave. The householder is left with his kitchen in just
10 a complete mess. He has absolutely no hope of recovering
11 generally from the Government. You can't sue Constable
12 (Manko) because he has got the power of search with
13 the Writ of Assistance. There is no relief for the
14 householder and he is innocent, a man is innocent until
15 proven guilty. Now this man is innocent and he has his
16 house wrecked and there is nothing he can do about it.
17 So I would suggest firstly that the Writs of Assistance be
18 removed entirely and when a Writ is issued, it be issued
19 to a specific person so that there would be someone who
20 can be in effect held liable for the damage caused. The
21 Crown has on some occasion made an ex-gratia payment,
22 in other words, out of the goodness of their heart when
23 the house is completely wrecked or their car has been
24 taken apart, they might put it back but that is a pure
25 whim of the Attorney General. And when you consider
26 generally speaking, the effect of the use of drugs is
27 nowhere near the debt to society a robbery for instance,
28 or armed robbery, it seems completely illogical that
29 you have the use of the Writ of Assistance for chasing
30 a marijuana user and you have to get a Search Warrant if

1 | you are chasing a bank robber.

2 | THE CHAIRMAN: There is a gentleman at
3 | the microphone.

4 | THE PUBLIC: Mr. Chairman, Commissioners,
5 | I would like to comment on something said earlier
6 | today about syphilis and gonorrhea. Last week in the
7 | newspaper I found this article about syphilis and
8 | gonorrhea in the United States. There are 14,000,000
9 | people in the United States suffering syphilis and
10 | gonorrhea. I wonder if all 14,000,000 are marijuana
11 | users? And furthermore, the lady --- one of the ladies
12 | said that kids starting --- twelve and thirteen year
13 | olds starting to smoke marijuana, what would happen to
14 | them when they get married. Well, what happens after
15 | marriage? They keep living, they don't die. And those
16 | kids of thirteen to sixteen years old are being discrim-
17 | inated. If they say something, it is "Shut up, we know
18 | better, it is good for yourself." I think there should
19 | be a voice from those kids to the parents. They should
20 | listen. They don't.

21 | Somebody said something about vegetables
22 | after taking drugs. Quit looking at somebody else,
23 | look at yourself, make sure you don't become a vegetable.
24 | That's all I can advise them.

25 | And the other thing is, I hope that I
26 | can read your final report and I have faith in you. You
27 | are the only thing we have got between the Government
28 | and us.

29 | Thank you.

30 | (Applause)

1 THE PUBLIC: I would like the gentleman
2 who referred to the RCMP as coming in and making a mess
3 of your kitchen, spilling flour and sugar all over your
4 floors and everything like this, I would like to have
5 evidence of this, sir, because I personally correspond
6 with Mr. McIlraith on the drug issue and I am sure if it
7 was brought to his attention this would be curtailed.

8 MR. LESLIE: Civil Liberties didn't do one
9 on that particular point. They did one on general abuse
10 of police powers. There was a specific case of a
11 constable by the name of Dykstra of the police in
12 Vancouver. He was with a brother officer on patrol and
13 apparently, according to him, some young punk caused
14 his brother officer to get beaten up or shot at or
15 something like that. Dykstra lost his temper and
16 proceeded to assault this youngster and left him in
17 quite a mess. Dykstra was reprimanded and that was
18 about it. That happens all the time. And there is lots
19 of --- there is, if you wish --- if you want to attend at
20 the British Columbia Civil Liberties office, they have
21 made a list of these complaints and you can investigate
22 them yourself if you wish. But th-re are quite a
23 number.

24 THE PUBLIC: Thank you. I will do that
25 and bring it to the attention of people where we can
26 try to have these terrible things which exist in our
27 society corrected.

28 MR. LESLIE: The Civil Liberties Union has
29 tried to do that.

30 THE CHAIRMAN: Lady at the microphone?

1 THE PUBLIC: I wish to make a few comments
2 on what has just been stated, and in listening this
3 morning there appears to be a real play on words without
4 any depth of meaning, and without any concrete evidence
5 or knowledge that runs behind it. You know, it is a
6 known fact that a person who --- they think they know
7 everything until they learn a little more. What I would
8 like to ask, what recompense is given to parents who,
9 when pushers have destroyed those parents' children?
10 And also, where does Civil Liberties start and end? Is
11 it Civil Liberties to yell "Fire" in a crowded theatre
12 just to see the people trip over one another? And also,
13 Civil Liberties as I understand it is what you do yourself
14 in your own environment that does not disturb or destroy
15 or disrupt or harm anyone else, anyone else.

16 Also, these people who are pushing for
17 marijuana and it eventually will lead to drugs, what
18 happens when they are found dead, who is responsible?
19 Is it society? Then I think society does have a say in
20 what is going on when they are left responsible finan-
21 cially to deal with the effects of these destroyed minds
22 and bodies.

23 Also I would like to point out that
24 insurance companies are not giving insurance to marijuana
25 smokers and drug users. That is something to think about
26 for these young people. They better be made aware of it.
27 Who is going to be responsible for their families if they
28 die?

29 THE PUBLIC: Thank you. I think the
30 gentleman was ahead of me, but I do have to go to work,

1 I start at 12:00, I have a full time job. My father was
2 a policeman and I emerged from that experience, in fact
3 the jails in B.C., many of them built in the twenties,
4 incorporated the house with the jail, and the courtroom
5 so we lived pretty close to the scene. But I was a
6 remarkably damaged person because I emerged with a picture
7 of the policeman as a surrogate parent in the true sense
8 of the word of what a policeman is; that he is to protect
9 minority rights, not to attack them. And the protection
10 of is/the minority against a majority who usually operate
11 from an emotional point of view. And it came to me as
12 quite a shock as more and more I found, not only from
13 young people recently who had been brutalized by the
14 police by seeing it on television where I saw two
15 policemen manhandling a young person, they ran their
16 club in between --- talk about riding people on a rail,
17 I thought it was something we read about or saw in
18 westerns back in the nineteenth century. This kid had
19 the club run between his legs and was scooted off like
20 that with just his tippy toes. This rather shocked me.
21 I just never thought that police operated on this basis,
22 and discovered too that to say anything critical about
23 the police is like attacking the flag or mother or
24 apple pie. What makes the police force above criticism?
25 And what makes the police force a group who are paid by
26 the taxpayers, who are supposed to be responsible, now
27 put in the position where they will tell you, and as they
28 have told adults, not just the kids, I have been talking
29 to middle aged people like myself, responsible people,
30 who aren't involved in politics, the fight for marijuana

1 or anything else, they are just the ordinary good Germans
2 who sit in their society and really do nothing, they
3 are getting up tight about the type of treatment they are
4 getting from some policemen. Now when I talk about the
5 police, I am not talking about all, I am talking about
6 some. But the fact remains that as in any group,
7 lawyers, doctors, whatever, that if one part of their
8 groups acts in a way that is undisciplined, which is
9 inhuman, un-Christian I might say, then the whole group
10 is actually guilty because they should be disciplining
11 themselves so that the onus and the guilt also falls on
12 them if they do not clean out this element.

13 So all I can say is that it is a fact,
14 and when we have a huge area of society who believe that
15 the policeman is without sin, that anything that he does
16 which would be comdenmed in another person, in a
17 policeman it's all right, we are in real danger of running
18 into the Police State and I see it coming closer and
19 closer and closer, and I am truly alarmed. Now William
20 L. Schier, the author if the Rise and Fall of the Third
21 Reich said this summer that the parallels between what
22 happened in Nazi Germany, the rise of socialist facism
23 or the national socialism parallels what is happening
24 in the United States today. And I see some reflection
25 of it up here. If we are going to preserve the liberties
26 to which we pay lip service, we are going to have to open
27 our eyes and we are going to have to take action; we
28 are going to have to exercise our democratic right of
29 criticism and dissent, otherwise we are in danger of going
30 down to the path of more or less a modified form of a

1 Police State.

2 Thank you.

3 (Applause)

4 THE PUBLIC: It is all about what we
5 should do and what we shouldn't do. They are always
6 telling us what we should do and how we should do it,
7 and I kind of believe that "half of what I see and nothing
8 of what I hear." I am experienced in my drugs. Most
9 people aren't experienced. At one time I wasn't
10 experienced in my drugs, and I'm a little step further
11 than they are, and I don't think we should be listening
12 to them. They are guessing maybe.

13 Thank you.

14 THE PUBLIC: Someone asked you to prove
15 about what the police do with people about drugs and they
16 would like to know what the evidence is. I can give you
17 some evidence. Last year, I had a baby and when I was
18 eight months pregnant, I was driving with three friends
19 in a car down Broadway, and we were stopped by four
20 Narcotics Officers. I was made to get out of the car
21 when I was eight months pregnant, and stand there with
22 my hands on the roof of the car for about fifteen
23 minutes while they checked my friends. Then later on
24 when they discovered that I was pregnant they said to
25 me, "Well look, if you have any care at all for the child
26 which you are carrying around inside of you, you would
27 not associate with drug users." This kind of treatment
28 just should not happen to people at all. I could have
29 lost my baby, anything could have happened to me at all.
30 I was treated like some kind of an animal, not like a

1 mother.

2 THE CHAIRMAN: Lady at the microphone?

3 THE PUBLIC: Mr. Chairman, and ladies and
4 gentlemen, I have listened with great interest to the
5 various aspects of our society and the difficulties and
6 problems that fact it, and I just want to tell you that
7 I was a matron of a jail for fourteen years where I
8 handled drug addicts for all that length of time, and I
9 am extremely sorry to see so many of our young people
10 ignoring the value of their lives and their bodies by
11 not understanding better just what the human body really
12 means. And I feel that our educators should start this
13 problem at the beginning of life, not when our young
14 people are emerged in a problem that perhaps they will
15 never be able to extricate themselves from. We know,
16 I am quite sure, that there is actually no cure for any
17 drug addict who has been using the hard drugs, I am now
18 speaking of, for many years. They may try, but it is
19 practically impossible because society, after they have
20 gone to jail, society will not receive them. So there-
21 fore the only place open to them is their former compan-
22 ions and therefore they are back on the drugs.

23 Now I really do feel that I must emphasize
24 the importance of the first seven years of life, and I
25 think our young people should be taught the value of their
26 body and know more about their body. I am very surprised
27 when I find even asking an ordinary question which some
28 time ago came over on the T.V., "How many pairs of ribs
29 have we?" And to my amazement no one knew on this
30 programme. Some said ten, some said eight, and I could

1 | hardly believe it. And then to a friend of mine in this
2 | very city I made my comment and she said, "Well, I don't
3 | even know." And I was speaking to a young man who sat
4 | by me not very long ago and he knows nothing about where
5 | the organs of his body are. But is this not a tragedy
6 | that we don't know more about our bodies and the value
7 | of our life?

8 | Now to end what I wanted to say, is that
9 | the nation's health is the nation's wealth, and I would
10 | like you to all think very thoroughly about just what
11 | that exactly means. Your health is your wealth. Thank
12 | you gentlemen.

13 | THE CHAIRMAN: Gentleman at the microphone?

14 | THE PUBLIC: One thing that I think was
15 | brought up, a lady asked for proof of police suppression
16 | in the homes when they broke in, well I know of several
17 | friends of mine, houses that were broken in illegally
18 | without Search Warrants or anything else, and there was
19 | pictures taken of it, looking for drugs, they didn't
20 | find any, but two of them was taken to jail on suspicion
21 | and why this is so when nothing was found, they had no
22 | right to be in the house, why can't things like this be
23 | either reprimanded or done something with against this
24 | type of operation of police force in various countries?

25 | The U.S. is mostly this way. There is
26 | one Canadian house that is this way. Some things on this
27 | was just --- when people don't know, they are afraid of
28 | it. If they have to be, if they have to know what it is
29 | not to be afraid of it, well then why can't they take
30 | the time or whatever to learn about it to know just what

1 is going on? Some people that have not taken drugs or
2 touched these things, they come up and they say a lot of
3 fancy words and things, but if they haven't taken it,
4 they don't really know what is going on. They do not
5 know what is happening in the minds of people that do.
6 Most statistics that people have are the people that
7 have gone to jail or that they have gotten off of the
8 people that have been busted for it, but what about the
9 people that have not been busted? How many statistics
10 do you have on them that take it, or that use it, or
11 have something to do with it? I think a lady said that
12 young people should be readjusted. Why can't instead of
13 the young people being readjusted, why can't the adults
14 be readjusted; why can't both people kind of adjust
15 together to find some kind of happy medium in between?
16 Everybody likes to think, well they are right, "I am
17 right, you are in the wrong, I am always right." Until
18 they find out that they are wrong.

19 Thank you.

20 THE CHAIRMAN: Thank you.

21 Gentleman at the microphone?

22 THE PUBLIC: Well I just wrote down a
23 few things that came to my mind while everybody else
24 was talking and the first thing is I don't want to talk
25 about particularly what drugs do and what you experience
26 and things like that, because that is the individual's
27 mind, there is no use getting into that, I have went
28 into the whole trip. I started turning on in San
29 Francisco four or five years ago and I saw flowers and
30 love down there and I thought it was very beautiful there

1 and I went through the whole various use of / the whole
2 shit, the psychedelic stuff and the whole shit. I went
3 to jail for some of it and I went through other shit a
4 bit. But I don't think the people here are interested
5 particularly in that aspect. I think the people here are
6 interested in fucking politics, man. Let us get down
7 to the subject. What do people like Malcolm X die for?
8 What did John F. Kennedy die for? What did Janis Joplin
9 die for? What did Jimi Hendrix die for? Nobody looks
10 at that sort of thing. That is what I want to clear up.
11 What the hell did Jesus Christ die for if you want to
12 get really heavy on the subject? Let's get things
13 straightened out. Let's get our society so it isn't
14 so fucking screwed up. Let's talk about politics, if
15 you want to talk about politics. You guys are supposed
16 to be the politicians, so get it on. That is all
17 I have to say. I thank you very much.

18 (Applause)

19 THE PUBLIC: I was charged with possession
20 of marijuana in early June of 1969, and proven not
21 guilty at the preliminary hearing but possibly one month
22 later. The thing that happened was that when my brother
23 came back from San Francisco at that time, I had him
24 living in a room in my house and that is where all the
25 evidence was found, but I still think the RCMP officers,
26 that they would charge me so that they would be sure to
27 get to the right person. RCMP officers and my own
28 lawyer told me I would never have to suffer from it.
29 Okay, that cost me \$350.00 by the way. Now I tried to
30 cross the border on October 8, 1970, last month, and I

1 found that my name was on some sort of black list, the
2 U.S. Immigration Officers thought me undesirable. I
3 finally got through after creating much hell about it,
4 but furthermore the fact that I have a record with that
5 RCMP now makes me unbondable which is a requirement for
6 a certain job that I have to apply for, since I am
7 unemployed right now. Society has tagged me on the
8 basis of something I have not done. Is that what the
9 Just Society is all about? It makes you wonder where
10 the view is. Finally, I would like to say that I hope
11 your Commission is more effective than the Royal
12 Commission on Security was two years ago. Do you know
13 what happened to it and what is happening now? I hope
14 we are not wasting all of our time.

15 DR. LEHMANN: Did you say you were
16 acquitted?

17 THE PUBLIC: I was acquitted and proven
18 not guilty at the preliminary hearing.

19 DR. LEHMANN: And you can't be bonded now?

20 THE PUBLIC: I can't be bonded because I
21 have a record with the RCMP, and it breaches my civil
22 liberties since I can't go into the United States, for
23 that matter.

24 THE PUBLIC: I would like to say a few
25 words with respect to the terms of reference, the last
26 paragraph, I hope it falls within that, but anyway with
27 respect to bail on the cases of possession. This
28 presumes that the possession of soft drugs for instance,
29 usually a person when found in possession are taken into
30 custody and required to appear before a judge or the

1 courts and bail is spoken to and normally they are
2 released on their own recognizance. They sign a paper
3 that says that if they do not appear, they will be
4 liable to pay anywhere from \$50.00 to \$300.00 usually.
5 Now I wonder if this is really necessary. Why can't
6 they be summonsed? Take the case of traffickers. Nor-
7 mally a trafficker, the evidence is obtained by an under-
8 cover agent, he makes the buy from the trafficker and
9 leaves and a month later when he comes out from undercover,
10 the man is arrested. Why can he let that man go free
11 until they decide to arrest him and yet take the person who
12 is only charged with possession is taken into custody?
13 I think it is a good example for a case where it could be
14 dealt with by summons particularly when you view the long
15 standing principle of the presumption of innocence.

16 The other point I wanted to deal with
17 was with respect to definition of trafficking, and I
18 apologize if you may have dealt with this previously.
19 I have not read the initial report completely, and
20 beg to be chastised if this has been dealt with, but
21 with respect to trafficking, this includes to sell,
22 manufacture, distribute, transport and other words. Now
23 take the case of a person who has a joint of marijuana
24 and gives it to his friend as a social thing, and his
25 friend uses it and he just happens to have some and his
26 friend doesn't. This is trafficking. The person can
27 be charged and convicted. I think it is a rare occasion
28 when this is done, but another example where he probably
29 would be prosecuted if his friend said, perhaps he told
30 his friend, I am going to get some marijuana and he says

1 get some for me too. So he does and he gives his friend
2 his share. This is trafficking. Transporting of course
3 has limited this, and if it is for your personal use it
4 is not trafficking, but if it is not for some personal
5 use and yet all he has done is his friend was too lazy
6 to get it and he got it for him, and yet he is guilty
7 of trafficking. I would ask the Commission if the
8 Commission has not already done so, to consider the
9 definition of trafficking in circumstances which really,
10 although under the present definition are technically
11 trafficking, for the purposes of deterrents and so on
12 are not really trafficking.

13 Thank you.

14 THE CHAIRMAN: Thank you.

15 I think perhaps because of our time we
16 should release Mr. Brown and Mr. Leslie. Thank you
17 for your assistance today. I will call now on Mayor
18 Brennan of Squamish. Is Mayor Brennan here, and Mr.
19 Craven?

20 MR. BRENNAN: This is a brief to the
21 LeDain Commission from the Council of the District of
22 Squamish.

23 Dear Sirs: The Council of the District of
24 Squamish wishes to record their disagreement with the
25 recent recommendation of the LeDain Commission to relax
26 the present laws concerning the use of marijuana.

27 We believe that there is no cause for haste
28 in carrying out this recommendation as new evidence is
29 emerging daily which indicates that this drug is not as
30 safe medically as people think.

1 We feel that even though you have been
2 thorough in your investigations you may have been swayed
3 by the very powerful pro-marijuana lobby which is presently
4 making its presence known. We earnestly believe that
5 the persons making up this group are very small in numbers
6 when compared to the population of Canada. We hold that
7 the press and the radio and television media are guilty
8 of playing up personal interviews with smokers of
9 marijuana, allowing them to expound their over-simplified
10 theories at great length when, at the same time, reasoned
11 and well-founded medical theories which suggest that
12 further study should be given to this drug are either not
13 covered or burried in the back of the newspaper.

14 For instance, who can ignore the papers
15 of Dr. Lundell, Associate Professor of Psychiatry at
16 McGill University, Associate Professor to both the
17 Montreal Children's and Montreal General Hospital, and
18 Director of Psychiatric Research for the Queen Mary Road
19 Veteran's Hospital, who finds that the following harmful
20 effects have been observed in cases following marijuana
21 use:

- 22 1. Organic brain syndrome.
- 23 2. Irreversible brain damage.
- 24 3. Perception distortion.
- 25 4. Disinterest in food.
- 26 5. Reversal of social values.
- 27 6. Memory loss.
- 28 7. Potential I.Q. decreases.

29 Dr. Grossman's work in the Annals of Internal
30 Medicine which provides studies of Americans using

1 marijuana in India who were found to have panic and
2 serious psychotic reactions is another testimonial to the
3 magnitude of your Commission's decisions.

4 Another commonly used argument compares
5 the use of alcohol with the use of marijuana.

6 History has shown that in all cases where
7 marijuana has been freely and readily available the
8 eastern countries have come to stop its use. Consider
9 the actions of India in 1959 and Turkey in 1920 when she
10 led the rest of the world through the League of Nations
11 in banning the drug on a worldwide scale.

12 Before closing we wish to register strong
13 protest to the almost secretive manner which your
14 Commission has held this hearing.

15 Are you aware that three days ago when
16 our Council was attempting to obtain information as to
17 where, when and how we could present a brief, no one at
18 the Pacific Press desk, nor the Court House in Vancouver,
19 nor the Department of Health and Welfare in Ottawa, could
20 tell us where this Commission was to meet, and that only
21 after a frantic telegram to our Member of Parliament were
22 we able to obtain this information on November 18th,
23 1970.

24 How can you expect a reasonable represen-
25 tation from our area if there is no more advertising
26 than this?

27 We feel that rather than hold this hit or
28 miss type of fact finding, your Commission should
29 recommend a national, well advertised plebiscite, but only
30 after the general public has been educated as to both

1 sides of the problem.

2 I thank you for your time and attention.

3 In addition to our brief we wish to leave
4 with your members additional information which our
5 Council obtained from the Republic of Mexico concerning
6 marijuana. It may be of interest to you.

7 Thank you and I would just like to add
8 something, sitting here. I live in a small town of
9 6,000 people, I have the highest regard for the younger
10 generation and in general I think the feeling is mutual.
11 I sat here this morning and I would like the LeDain
12 Commission to take this into consideration. Our society
13 is already sick as far as I am concerned. They talk
14 about civil liberties. When this type of language can
15 be used to get your expression across, you had better
16 really believe it is sick. There are people here who
17 do not wish to listen, and I don't see why they have to
18 and I can assure you if this was carried on in a council
19 meeting at Squamish you wouldn't need the police. They
20 would be heaved out on the street.

21 Thank you.

22 THE PUBLIC: I just have one question:
23 I want to know really how much can a person know about a
24 drug that they have never even used and they probably
25 have never even seen, and I just can't see any --- I
26 don't even know how anybody could know what they are
27 talking about. Even like the Commission I respect, the
28 whole trip, this Commission set up to do it, but how
29 much can you really know about something --- it is like
30 prodding a frog, man, and not touching it. It is like

1 | doing something and then again, not doing it. It com-
2 | pletely negates itself. I just really want to know how
3 | much do you really know if you've never used gin or
4 | tequilla, etc. That's all.

5 | THE PUBLIC: I would like to answer this
6 | person and say that a doctor does not have to have lung
7 | cancer to know what it is and to know how to take it out.
8 | So a person does not have to experience drugs to see its
9 | devastating result.

10 | THE PUBLIC: I would just like to say that
11 | the Mayor of Squamish is complaining about the sensation-
12 | alism played up in the newspapers. He has just told me
13 | and inferred to me that if I use marijuana I am in
14 | great danger of getting brain syndrome. Well I have
15 | used marijuana and I will also say to the other lady
16 | that I am not a vegetable, they have not found me
17 | dead, I do have car insurance and I am at U.B.C. and I
18 | graduated with a first class scholarship. So what
19 | does it prove?

20 | MR. BRENNAN: Mr. Chairman, am I allowed
21 | to say any more?

22 | THE CHAIRMAN: Certainly.

23 | THE PUBLIC: Sure.

24 | MR. BRENNAN: I want you to understand that
25 | I don't pose to be a doctor or an expert of anything of
26 | this type and I enjoy listening to you people that have
27 | used it and it hasn't bothered me. But in the little
28 | town I live in --- we have had a rock festival so I
29 | got a very liberal education in three days and two
30 | nights, and that is long forgotten, but I would like to

1 take a gentleman like you that has just expounded this
2 theory, and we had an eighteen year old --- I don't
3 recall, an adult or a child, but as far as I'm concerned
4 resources that we
5 the only /have that are worth 25¢ is our youth, and I
6 would like to take you to our Squamish hospital today
7 and you tell me what to do for him, that is, after you
8 get him tied down on the floor.

8 THE PUBLIC: I would like to ask you one
9 question then: you compared the drug festival --- all
10 right, the pop festival. You call it a drug festival
11 if you want, but I will ask you this question: what
12 would you conclude from the behaviour of a group of
13 adults at a New Years Eve party? The problems we are
14 dealing with at the Commission, not with the normal
15 use or non-medical use of drugs or anything else if
16 you want to hold the Commission. We are dealing with
17 the abuse and every time somebody will stand up, a lady
18 will stand up on this side of the caucus, the gentleman
19 was right when he said there are two main caucuses
20 forming here. One lady will stand up and she will tell
21 about how her son or someone she knows who has become
22 desperately in need of help because of drugs. This is
23 fine, I sympathize with her and I can recognize the
24 need for control. But we are not dealing here necessarily
25 with the sensational aspects of it, the opposite side.
26 We have biases that have already formed here. I can see
27 when the gentleman from Victoria came and presented his
28 facts without forming a conclusion, that the people
29 who clapped, the people who did not clap, had not
30 clapped for the other long hairs who came up, they had

1 only clapped for the ladies that were presenting the
2 case on the other side. So we have bias.

3 MR. BRENNAN: I would just like to answer
4 that for you. I am not biased one way or the other.
5 There is one thing I am interested in; if I wasn't
6 interestedⁱⁿ/what might happen to you --- I've only got
7 what, ten years to put in anyhow, so I should really go
8 and enjoy myself --- but I become interested when I
9 see young people in real problems over using drugs and
10 I mean health problems, call it what you want, out of
11 their mind or what, but I become concerned about this.
12 What is going to happen, and I will go along with you,
13 it may not be much of what we built but it's the best
14 we've got and if you would come out with something
15 concrete to improve it, I would go along with you. I've
16 got nothing against any of you young people.

17 THE PUBLIC: I'll give you something
18 concrete, objectivity, and that's what we are trying
19 to --- that's what the LeDain Commission was set up for,
20 to present an objective view on what is happening and
21 your speech and perhaps my speech have presented perhaps
22 two opposing points of view, and I would just wonder
23 what the reactions of the people in this room would have,
24 it would invoke an emotion based on something they had
25 already believed or whether they would actually question
26 my integrity on the basis of what I have said.

27 MR. BRENNAN: Well I will just give you
28 one example, and you don't have to be an expert to
29 understand this, and this is for the LeDain Commission
30 as well as you young people; but I drank lots of alcohol

1 and I know all about it, see, and if you drink enough
2 you either throw up or fall down on your face. But I
3 also have seen young people that smoked lots of these
4 cigarettes and no way do they pass out, they go off
5 into orbit and I have really got to tell you I feel
6 sorry for them.

7 THE PUBLIC: Anyway, I thank you very
8 much.

9 MR. BRENNAN: That's all I have to tell
10 you.

11 THE CHAIRMAN: Gentleman at the microphone?

12 THE PUBLIC: I would like to say a word,
13 I believe, in defence of the Commission. The Mayor of
14 Squamish has been concerned and rightly so, that it
15 was very difficult to find out that the hearing was
16 going to take place. I would like to point out to you
17 that the Vancouver Sun last night, one of the major
18 newspapers in Canada's third city, saw fit to indicate
19 the LeDain Commission was coming to town in an item
20 buried on Page 7 about the size of a playing card,
21 probably no larger, and the headline of the page was
22 an article which dealt with the fact that a psychiatrist
23 had decided that people were unfit to drive if they had
24 ever taken LSD because they might have a flashback and
25 this would lead to some severe upset. Now most of you
26 know that if you are driving and you have some severe
27 upset, you pull over to the side of the road. If you
28 happen to have stomach cramps or if you happen to think
29 you are having a heart attack, the wisest thing to do
30 is get out of the traffic. And I submit to you that that

1 is what people would do under the other circumstances.
2 But I think the important thing is this: that is
3 indicative of what the press has done, it is indicative
4 of what the establishment thinks that they see fit to
5 put a Commission which was put together in the best
6 interests of Canada with the best people that they could
7 get to be on that Commission, to relegate them to a
8 little paragraph the size of a postage card, and they
9 are seeking objectivity, and to put in headlines on the
10 same page a story which was tempered by---biased, based
11 on very, very questionable evidence. And that has
12 in been/my experience, the way that the media have handled
13 the matter ever since the Commission made their report.
14 And I think it is a disgrace. The Vancouver Sun is
15 absolutely disgraceful.

16 THE PUBLIC: Hear, hear.

17 (Applause)

18 THE CHAIRMAN: Gentleman at the microphone?

19 THE PUBLIC: Mr. Commissioner, one point
20 I would like to bring out that this young chap back here
21 says that you people didn't know what was going on as
22 far as taking it, maybe he doesn't know that one of
23 your research council was charged not long ago, would
24 be able to tell you. With regard to the Mayor of
25 Squamish, I know he is a square fellow and there is
26 nothing narrow minded about that mayor. It's too bad
27 we haven't got one like him in Vancouver.

28 Mr. Commissioner, could you enlighten us
29 as to when the finals might be down on the Commission?

30 THE CHAIRMAN: Our terms of reference

1 us to make our final report by the end of
2 May, 1971.

3 THE PUBLIC: I would appreciate whether
4 we find out whether it is American boys that are speaking
5 or Canadian boys speaking, or girls when they come in
6 front of our Commission.

7 THE PUBLIC: It's immaterial.

8 THE PUBLIC: That's one point I would
9 like to bring out then, the other point I do not think
10 that that type of language amongst senior/and senior men
11 is needed here. I mean you are my Commissioner just as
12 much as you are his, and I don't think we should have to
13 take that type of language in front of your Commission.

14 THE PUBLIC: Are you a Canadian, sir?

15 THE PUBLIC: I am a Canadian, I was born
16 here and there are a few American boys that I would like
17 to know about too.

18 THE PUBLIC: Mr. Chairman, just to have a
19 few moments again, I want to get back at the Mayor of
20 Squamish. You know, I made your trip, Mr. Mayor, for
21 twenty years, and I know what booze is, I was a pretty
22 violent person. And I have attended some of the pop
23 festivals, at least one of them anyway, and I was just
24 thinking, you know, you and me have made the same trip.
25 What would you think would happen at that pop festival
26 if you had passed the booze around to all of these young
27 people. There wasn't one bad/spoken all the time I was
28 there. I was there with my daughters. There was nothing
29 but love all the time. That's all there was there,
30 everybody communicated with everybody, everybody knew

1 each other, everybody loved each other. Pass the booze
2 around, what would happen then? What would happen?
3 Answer that.

4 MR. BRENNAN: I would be happy to answer
5 that. You must have been there a few times I wasn't
6 when you talked about that.

7 THE PUBLIC: I'm not talking about the
8 pop festival you were at, I know there was trouble out
9 there, but I don't think it was the beautiful people.

10 MR. BRENNAN: We won't talk about the
11 pop festival. If you want my personal impression of
12 booze and marijuana, I just say that I don't think they
13 are quite comparable. If you want my impression of how
14 adults act drinking liquor, I have got to tell you that
15 I think they are the biggest bunch of bloody hypocrites
16 that ever walked. But don't get me on the subject, "if al-
17 cohol is all right to use, marijuana is." No way can I
18 go along with that.

19 THE PUBLIC: Have you ever been to a pot
20 party?

21 MR. BRENNAN: No, but I am waiting for
22 somebody to invite me.

23 THE PUBLIC: I'll invite you. I'll give
24 you a personal invitation right now.

25 MR. BRENNAN: I was just kidding about
26 that.

27 THE PUBLIC: It's strictly political from
28 my point of view, you want to get elected again up in
29 Squamish because you are taking the part of the parents
30 who are against pot.

1 MR. BRENNAN: I don't think you are quite
2 right there, because I don't give a hoot for the parents
3 of the young people, I only express my own opinion, and
4 if you don't like it, that's the way it is. In fact, I
5 am in great favour of a school for delinquent parents
6 if you want to know the truth.

7 THE PUBLIC: I think today there is a lot
8 of concern from parents about use of drugs in the young,
9 but there are not really that many young people here.
10 Now I go to a school in the lower mainland, a high school
11 which is just two grades, eleven and twelve, and of those
12 students, I would estimate that between 60% and 90%
13 of the students in that school have used marijuana or
14 do now. And the people in that school, maybe that isn't
15 normal for the province, I am not sure, but even if it
16 isn't there are still a lot of people in that school who
17 do use drugs, marijuana in particular, and by using
18 them they are expressing support for the legalization of
19 the use of them.

20 Now the people in that school chose to
21 elect me student council president. Does that mean I
22 represent them in my opinions? I don't know. How much
23 does an elected representative of the people express the
24 opinions of the people? I really don't know. But the
25 people in that school and most of them know that I favour
26 the use of marijuana. They elected me to be president
27 of the student council, and I don't think that really had
28 much basis to it, the election, but it is a possibility.
29 Another thing I would like to point out is about the
30 deterioration of the minds of ^{people you} have been talking about. My

1 mind has not been deteriorated by the use of marijuana
2 and I have been using it over a period of four years.
3 In fact, I don't think it has been detrimental at all.
4 And if you want to know in what way I am positive about
5 that, out of our school four people were chosen to be on
6 a television programme, supposedly the most articulate
7 --- well, what you would call non-damaged minds of the
8 school for Reach For The Top, a television programme
9 I am sure you are familiar with, and I was chosen, and
10 does that mean that my mind has been destroyed?

11 THE CHAIRMAN: Gentleman at the microphone?

12 THE PUBLIC: I think that about five
13 or six hundred dealers in Vancouver will probably agree
14 with the Mayor of Squamish that marijuana shouldn't be
15 legalized. They are making too much money at it. And
16 I think that if the Government leaves it very much longer
17 before they do legalize it, that the thing will be set
18 up so well that the Government isn't going to get any
19 tax.

20 THE CHAIRMAN: I should like to --- the
21 Commission is not here to defend itself on the merits
22 of its Interim Report but on occasion it is necessary
23 to make clarifications of a fact, and I should like to
24 state what was done about publicity for this hearing.
25 Four column ads, that is the regular large announcement
26 of the meeting, was run for three days in/November 4th, on
27 5th and 6th, and on three days this week, Monday,
28 Tuesday and Wednesday in the Vancouver Sun, and the
29 Vancouver Province. In addition to that, the Commission
30 sent letters of invitation to more than fifty organiza-

1 tions in British Columbia, and I have the list in front
2 of me here, to assure as fair a representation and an
3 expression of opinion as possible. There may be people
4 here who know that they received such an invitation, to
5 organizations of all kinds, and in view of that, in
6 view of the press notices for two weeks and those
7 invitations, we hoped that news of the Commission's
8 meeting would go as far as possible to the province.
9 No doubt no more could be done. As I said, I am not
10 here to defend our publicity and approach to this
11 problem, but I just give those as matters of fact in
12 reference to the statement that this was a secretive
13 hearing.

14 Lady at the microphone?

15 THE PUBLIC: I was not aware that this
16 was happening today and I came in through the back and
17 saw people coming in and I came in to find out what was
18 happening. I would like to let you know about an adult
19 practically forty years old, with four children, teenagers,
20 who have been using drugs for about ten years, starting
21 with marijuana, and I am ashamed at some of the other
22 adults that do use this, and it is a surprising amount.
23 Practically everybody I speak to, and I am vice president
24 of the P.T.A. and they don't know about it, but my
25 daughter in high school informs me of the drug scene
26 there, and she is well informed at home. We have lots
27 of communication and I have a lovely home and I dig
28 everything about being a family, and I just want people
29 to stop laying it on the kids, and let the adults say,
30 well, what are you doing. They are doing that at home

1 and hiding behind the chesterfield. Leave the kids
2 alone. Let the adults say, we are doing it too, because
3 we are.

4 (Applause)

5 THE CHAIRMAN: I was wondering ---

6 THE PUBLIC: I know an awful lot of people
7 around our age and I have not run across one yet that
8 advocates the legalizing and the use of marijuana and
9 drugs.

10 THE CHAIRMAN: Mr. Craven, would you care
11 to add anything to what the Mayor has said?

12 MR. CRAVEN: No.

13 THE CHAIRMAN: At this point then, I
14 think I should adjourn the hearing until 2:00 o'clock
15 in this room this afternoon. Thank you.

16 ---Upon adjourning at 12:30 p.m.

17 ---Upon resuming at 2:00 p.m.

18 THE CHAIRMAN: Ladies and gentlemen, we
19 will resume our hearing now. I call on Mr. Reg Clarkson.

20 Mr. Clarkson, would you be seated?

21 MR. CLARKSON: Ladies and gentlemen,
22 members of the Commission. I feel from sitting through
23 the hearing this morning that there is a desperate
24 need in this group for communication. I think we have
25 got to understand each other and I think, Mr. Chairman,
26 that you would agree that this is probably the problem
27 throughout Canada on this subject. So I would like to
28 make my contribution to breaking the log jamb that
29 exists between people for the legalization of marijuana
30 and see it as wonderful, and people who are against the

1 legalization of marijuana and see it as a terrible social
2 action.

3 Now I had no intention of making the
4 next little speech about myself, but I feel that we have
5 got to make some effort to communicate with each other
6 and I don't want you to turn me off, so I want you to
7 know something about me. For the past six years I was
8 a social worker with the Alcoholism Foundation of B.C.
9 I was recently taken out of my job, lost my job, because
10 of activities on behalf of a group of welfare mothers
11 over a period of four and a half years. I lost my job
12 because I supposedly upset the Government. In my work
13 with alcoholics and with welfare people, I spent many,
14 many hours, to the detriment of my family, for no pay.
15 One old lady that I helped with her welfare problems
16 came to me a year ago and innocently asked me to sign
17 a loan for \$300.00. I signed it. I have had to wipe
18 the puke off a lady's face in order to help her get
19 dressed to see if she would go to the hospital. My only
20 feeling was that if I would have had to lick it off, I
21 would have had the courage to do it and the love for her
22 to do it. My wife is very strongly influenced by my
23 social concerns; as a professional social worker, I was
24 active and am active in the association. I have taken
25 some political activities formally; I have worked hard
26 in a church group. And philosophically I put my social
27 responsibilities on the same level as my family responsi-
28 bilities. I am married, I have eight children. Now I am
29 no saint, and I should be because with what I have been
30 blessed in my life I need to be at least a saint in order

1 to repay the good Lord. So many people have said I am a
2 bit of a nut, and you may say that when I am through.
3 But nobody has doubted that I am sincere and I am
4 compassionate. So I ask that you show your love for me
5 by trying to understand what I want to put over. When
6 I am finished, then you may decide that I am bad for
7 society, and you may want to put a record on me and put
8 me in jail. Well, if you understand what I have said and
9 you feel that is best for society, then I am quite
10 willing to accept the record, and I desperately don't
11 want to go to jail. But if I have to, well, I feel that
12 what I am trying to do for society is worth it.

13 My first point that I would make is
14 regards the interim report, that is under the heading
15 of "The Overview of Canada's Drug Problems". The overview
16 of non-medical drug use in Canada is distorted by the
17 Interim Report. I say this because alcohol and tobacco
18 damage are massive social and medical problems that are
19 almost completely ignored by the public and the various
20 governments. There is no evidence on the other hand
21 that youthful drug use is a major social problem. We
22 assume it is; it looks like it is; but there is no
23 proof.

24 Now I would recommend that the Commi-
25 ssioners focus more study on alcohol and tobacco damage;
26 that they present a revised overview on drug problems in
27 Canada, and that they present charts showing dollar costs
28 to society of the non-medical use of alcohol, tobacco
29 and other drugs and the numbers of people suffering
30 directly and indirectly because of the various drugs.

1 I would like to see included in the final report a
2 chapter on tobacco usage. But this may be part of the
3 plan.

4 Now this overview is very important to
5 what I have said in introducing my talk. It is the lack
6 of a proper overview that has increased or not decreased
7 the hysteria that surrounds this problem of youthful
8 people using drugs. And I would like to give you a
9 quick illustration from the Victoria paper.

10 This is the front page of the second
11 section and you can see the headline and the words,
12 "Anti Dope Pushers". And the idea is that people are
13 making money from anti-dope effort and it is even hinted
14 that maybe the real pushers are in some way doing this.

15 Now, the contrast to that --- I recently
16 took in a press release concerning an education conference
17 on the prevention of alcohol abuse in greater Victoria
18 and I received a small print hidden in the back pages ---
19 I can't --- Oh, here it is here, that this was the
20 results of a press release at which I spoke at length
21 to a reporter about this very important conference to
22 prepare a blueprint in Victoria, a practical working
23 blueprint in Victoria. A hundred professional people
24 are to be involved and this was the news coverage that
25 it rated. Now I don't think I have to labour the
26 point about the hysteria that exists on this whole
27 subject.

28 Now, by giving a proper overview to
29 people, I think that it will relieve much of the hysteria
30 that exists, particularly the fear and the suffering that

1 is exhibited by so many parents, particularly the good
2 people that were up here this morning.

3 Now, just a word or two about the serious-
4 ness of these other drugs, and the idea that something
5 might be --- that something could be more urgent. I
6 will just quote on tobacco, the Canadian Medical Associa-
7 tion said this: "The story of the health hazard created
8 by cigarette smoking represents an unrivaled tale of
9 illness, disability and death. The potential benefits
10 to be derived from the cessation of smoking placed it at
11 a level of importance in preventive medicine with
12 pasteurization of milk, the purification and chlorination
13 of water and immunization." In the United States it has
14 been estimated that for a twenty-five year old male the
15 use of cigarettes for that age group, the use of cigarettes
16 completely offsets in longevity the gain of twenty-five
17 years of social and medical science.

18 Now tobacco is the most serious personal
19 damaging drug we have. Alcohol doesn't damage the
20 person so badly. What makes alcohol so terrible is
21 alcohol damages the man or woman's family relationships.
22 Alcohol also impairs people who drive cars. But the
23 thing that worries me is that the Commission may not be
24 aware of the urgency about these other drugs, but also
25 may not be aware of the sort of barbaric state of our
26 country in dealing with these other drugs. You see, I
27 think you mentioned when I saw you in Victoria when you
28 felt that there were associations, you know, foundations
29 and that, but let me just make a point. Here is a
30 clipping entitled, "May, 1966, Josephine's last hours in

1 private hell." This was an alcoholic woman, thirty-three
2 years of age who died in Victoria City Jail. She had
3 been through the hospital a day or two before she died;
4 the hospital kept her for a few hours, she had delirium
5 tremens, D.T.'s which is fatal in 10% of all cases, and
6 is recognized by any competent medical person as a cause
7 for hospitalization in an acute care hospital. That is
8 the way it is spelled out in the medical manual. But
9 during the twenty hours preceding her death, Josephine
10 was visited by a doctor three times, and he gave her a
11 sedative and finally they found her dead on her cell
12 floor. Now last year in the Wilkinson Road Prison in
13 Victoria a man thirty-five years old, a Mr. Jenson died
14 from the same thing, delirium tremens. And he was
15 taken from his cell and placed in a sort of concrete box
16 type of cell so he wouldn't hurt himself supposedly, and
17 died there.

18 At the time an organization I belonged to
19 pointed out to the Attorney General that this was very
20 --- a neglectful practice in dealing with delirium tremens
21 and we were notified that something would be done
22 about it. Well that was last year. Now I have a case
23 before me now of a patient of mine that went to this
24 same jail and for two days he suffered alcoholic seizures
25 which are again a cause for immediate movement to an
26 acute care hospital. On the third day he was moved to
27 a hospital. It was very fortunate that he didn't die,
28 but this gives you, I hope, an idea of the sort of
29 barbaric state of dealing with alcoholics. Now in
30 Vancouver here, in 1968, the last year the figures were

1 available, 27,000 people were picked up for being drunk,
2 by the police. Between 120 and 140 coronary investigated
3 deaths occurred in the skid row of Vancouver last year.
4 There is no detoxication centre. It should be
5 unthinkable to you. You see, with alcohol --- now I
6 have heard the parents talk --- I know the agony that
7 the parents go through with these children that turn on
8 to drugs and what happens to them. But look at the
9 numbers we are talking about. With alcohol there is
10 no other illness that can be called a family illness
11 like alcoholism can be. Now we have 300,000 alcoholics
12 and they are in agony with their illness. Some of them
13 knowing it, most of them not knowing it. That means
14 900,000 children --- it means 300,000 spouses and they
15 suffer worse or equally as bad as drug addicts and the
16 parents --- it is far worse in comparing the two, because
17 the alcoholic, you see, goes on for years and years
18 making his family sick. Statistically each alcoholic
19 makes another alcoholic. Statistically they have three
20 children and one of their children becomes an
21 alcoholic. So that is my point there about the serious-
22 ness of a proper overview.

23 Now the seriousness of this business of
24 legalizing marijuana is that once we get the thing in
25 perspective, I am sure that parents will be much more
26 objective about looking at the problem of marijuana.
27 I wrote a very excellent^{article}/on that about how to mix
28 parents and marijuana, but the five editors of various
29 magazines and newspapers didn't think it was as brilliant
30 as I thought it was. But I will give the Commission a

1 copy.

2 My second point is that in the Interim
3 Report you don't show the difference between making a
4 value judgment on other things than scientific facts.
5 In other words you stress scientific facts, and I think
6 this has been brought to your attention, but for the
7 audience I will point out the use of marijuana, the
8 problem is if you use some kind of a drug, well then one
9 of the factors that it would affect --- whether it was
10 morally good or bad, would be whether it made you sick
11 physically or whether it made you nuts, you know, made
12 you psychotic. But there is also the question of ---
13 like with my children I don't want and I don't want any
14 of you --- I don't want any of you, anybody here at any
15 time to get high. Only do I want you to get high if
16 medically you are suffering and you need medically ---
17 that is an attempt to help you medically. Because getting
18 high is by my standards immoral.

19 So I think this point should be made in
20 the report that for parents that they have to decide
21 whether what their children are doing is wrong and there
22 is far more to this than the physical aspects of being
23 sick or becoming psychotic because, you see, parents do
24 think that marijuana is wrong for their children to take
25 as I do, not because they have a fear that it is going
26 to lead them on to other drugs and it is going to drive
27 them crazy, but they also just don't like it. Who likes
28 to see anybody who is a little bit drunk, and a little
29 bit silly? That leads to the next point here in
30 describing the marijuana high in the interim report, I

1 felt that you were too positive and far too mysterious
2 --- I kept thinking of the people in the beer parlours
3 having a few beers and how much fun they have after they
4 have a few beers, and they start talking about all the
5 problems in Viet Nam, and if you talk to alcoholic
6 patients they will tell you, some of them will argue
7 that they have the best discussions in situations like
8 that. I question the effectiveness of it. But anyhow,
9 if you see a person high , I think most people's reaction
10 instinctively is that there is something inhuman about
11 that, and I say, to my interpretation, immoral. So I
12 would say that you should clarify that in the final
13 report, and that you inform parents that more decisions
14 have to be placed on the person who is responsible for
15 them. I would like to see parents recognize that the
16 problem is not just the drug, but the drug plus the
17 situation plus the relationship.

18 I will skip over point number three because
19 I think that is the most important one and I will come
20 back to it last. Going to point four, in the report on
21 the motivation of the drug users, I felt that in the
22 report you dealt too much with the reasons given by
23 youthful drug users and you neglected the sensual and
24 emotional reasons of adult drug users. The report fails
25 to spell out the difference between the pleasure enjoyed
26 by reasonably healthy people and by people who have an
27 addictive or dependent urge such as alcoholics, cigarette
28 smokers, pill and heroin addicts. I included in there
29 a chart that you might use as a technique of dealing
30 more effectively with this question of motivation of

1 the drug users.

2 Point number five, the effects of drugs,
3 I found it misleading in your classification of long
4 term effects and short term effects, I felt that the Com-
5 mission were not clear in their minds about the development
6 of addiction and dependency. And I think you meant by
7 long term effects, you are thinking of addiction, but it
8 is the short term effect in causing an addictive urge or a
9 dependent urge which leads to long term addiction, and
10 for instance, I would certainly question your statement in
11 the report that says the most important effect is the effect
12 of marijuana on motor and cognitive functions. Any drug,
13 the most important effect is its ability to cause an
14 addictive or a dependent urge. I thought you threw in
15 a bit of a scare tactic there when you hinted that the
16 airport controllers may get high on marijuana.

17 Would you agree?

18 I would like to see the Commission deal much
19 more fully with the addictive or dependent urge, and I
20 do feel that you may have been "had" a little bit by some
21 of your helpers on the area of defining a dependent, a
22 psychological dependence. Philosophically it is difficult
23 to define a psychological dependence, but clinically it
24 isn't at all. Once you meet a man or a woman who is
25 psychologically dependent on food, you quickly recognize
26 that it is not difficult to recognize the difference,
27 although as I say philosophically it is difficult to
28 define it.

29 Finally on treatment and supportive
30 services and education, and to treatment I would like to

1 suggest that we need to try to develop a research project
2 on the supplying of free drugs to surrendered addicts.
3 This is a very difficult practical problem. I think it
4 will have merit, educational merit and I include in
5 there free cigarettes. I won't go into the idea of a
6 surrendered addict, but the point is that once a person
7 is a surrendered addict, then practising their addiction
8 is hell, and any thought that it is anything but that,
9 the person just does not understand addicts. If you
10 love addicts, for instance, in Vancouver, if you loved
11 the addicts, you would know what hell they are going
12 through, and you wanted to help them, you would have to
13 have them come to you, you would have to open a clinic
14 that would supply heroin, and then they would come and
15 you would have to supply it. You would have to supply
16 it with love and with compassion. I would just hate to
17 see a person take heroin, but if that is the way I am
18 going to get him to come to me so that I could help him,
19 then that is what I am going to do, and I think that is
20 what has to be done. The same thing would apply with
21 the cigarette smokers, in order to get cigarette smokers
22 to come to clinics, we would have to offer them free
23 cigarettes providing they were a surrendered addict which
24 this would be a clinical problem.

25 I would like to see free hypodermic needles
26 supplied in public lavatories. Again, if you think
27 young people are catching this hepatitis and because of
28 their fear of hospitals and authority, they are often
29 making themselves so sick that they are permanently
30 damaged for life. You could include again with the

1 needles, information that might bring the users to
2 treatment.

3 In supportive services, I feel very
4 strongly that there should be a comprehensive community
5 agency at the local level. In education, I thought
6 that the report, in the area of education advised, the
7 report again, showed to me that you hadn't clearly made
8 up your mind whether or not you are going to deal just
9 with youthful drug users and their drugs, or whether
10 you were going to deal with alcohol and tobacco, and
11 you dealt with the schools, the education problem,
12 as an advertising problem in drugs, not an educational
13 problem, what we need is a massive advertising programme.
14 The use of alcohol, the problem in the use of alcohol
15 is that people can get too much alcohol too easily and
16 so maybe we should have prohibition, or price increases
17 to stop that or the other thing is we have to get
18 people not getting tight. If you use alcohol and you
19 don't get tight, then fine, we won't have alcoholism,
20 we won't have impaired drivers. But that is a tremendous
21 educational problem, and it has to be carried out as
22 I say through an advertising approach.

23 Now let us deal finally with the subject
24 of the legalization of marijuana.

25 I have already used up my time, Mr.
26 Commissioner.

27 THE CHAIRMAN: No, carry on.

28 MR. CLARKSON: The recommendation that
29 possession is to be punishable by \$100.00 appears to
30 me to be a compromise of principle that has resulted

1 from a desire to make a recommendation that will be
2 both socially and politically acceptable. Now I realize
3 you have ^{got} /both problems. The report recognizes the
4 basic principles involved. However, at the same time
5 I feel it accepts spurious arguments against these
6 principles. Some of these spurious arguments, one that
7 cannabis may threaten the existence of the state, that
8 the potential for harm is the same as being harmful,
9 that concern for harm to children is an admission of
10 cannabis being harmful for adults. That is the end of
11 my spurious arguments.

12 The Commission fails to point out that
13 much of the opposition to cannabis is based on moral
14 positions rather than scientific fact, whereas the
15 Commission asserts that criminal law should not enforce
16 morality. The report recognizes the injustice of the
17 present law, its ineffectiveness, and its social harm,
18 but it gives too much weight to such points as the
19 effects of legal possession on trafficking.

20 The report does not point out that in
21 principle the onus is on the government to show that
22 cannabis is harmful and not on the users to show it is
23 harmless, talking from the point of view of social
24 philosophy, that the less governing the government does,
25 the better, the less laws against personal private
26 behaviour, the better.

27 I would recommend that the Commission
28 present more arguments like those of John Stuart Mill
29 on the seriousness of having laws against private personal
30 behaviour. May I offer one that I looked up this morning

1 by (Jack Maratoin) in his book Man and State, "The first
2 axiom and pre-step in democracy is to trust the people.
3 Trust the people, respect the people, trust them even
4 and first of all while awakening them, that is, while
5 putting yourself at the service of their human dignity."
6 And I think that this is what the Commission must do
7 from the arguments that we have heard, from my position
8 I feel you have to do some awakening. I think you very
9 definitely in your report have indicated that you have
10 put yourself at the service of the human dignity of the
11 people of Canada.

12 To put more emphasis on the weaknesses of
13 the case against legalization of cannabis, recommend
14 legalization and public control of the sale of cannabis.
15 If you want to argue against the legalization of cannabis,
16 then I would suggest that you stress for the dependency
17 that will develop in using this drug and the problems of
18 dependency.

19 Well, that completes my submission.

20 THE CHAIRMAN: Thank you Mr. Clarkson. Is
21 there any questions or comments from members of the
22 Commission?

23 There is a gentleman at the microphone.

24 THE PUBLIC: Gentlemen of the Commission,
25 ladies and gentlemen, I am wondering why it is necessary to
26 sell Cutex to young children ten or fifteen years old in
27 4 oz. bottles. I haven't noticed nail polish being used
28 for many years so why can it not be removed from the market,
29 or made unavailable for sniffers? If I remember rightly,
30 nail polish remover first came on the market in 1/4 oz,

1 bottles or less and now it is marketed in 3 or 4 oz.
2 bottles. People who manufacture and sell Cutex certainly
3 must be naive indeed, if they are not aware what it is
4 used for. Apparently much of the Cutex comes from the
5 East and if I'm allowed to mention names, I have the manu-
6 facturer's name with me. Cheeseborough Ponds Canada Limited,
7 Markham, Ontario, but most of these are under manufactured
8 names. As far as I can ascertain, almost every retail
9 outlet in the city has it openly for sale, and if I'm
10 not being irreverent I will mention briefly about a
11 gang of kids that took possession of a vacant suite
12 of mine and it took me a couple of weeks to get them
13 out without being charged with assault. During that
14 time, I had the chance to observe the daily routine and
15 this must be, incidentally, all over Canada, every day.
16 They start sniffing one 4 oz. bottle of Cutex each about
17 10:00 p.m. and they continued this until about 3:00 a.m.
18 when the Cutex was used up, except for an eye opener
19 the following noon when they arrived for breakfast. The
20 peculiar thing is that when they start sniffing, as soon
21 as they arrive they cook over the stove, holding the Cutex
22 to their face despite repeated warnings that they are
23 in effect holding gasoline over the stove. They seemed
24 that --- these warnings seem to have no avail. In fact
25 the Cutex is never removed from the face even when they
26 are eating, except when they are eating to get a mouthful
27 of food, the bag is always held there, and they take a
28 mouthful of food and the bag goes back instantly. You
29 see that is how much they are hooked. During the
30 short time that these kids were my uninvited guests, they

1 used about 40 oz. of 4 oz. bottles of Cutex, at 69¢ for
2 a 4 oz. bottle. I have empties for viewing if anyone is
3 interested. The logistics of transporting Cutex along
4 must be unbelievable. How else would it arrive on the
5 coast unless by freight trains? Tremendous weight, that
6 stuff.

7 At this time I wish to congratulate the
8 drug companies in making a small needle hole in their
9 plastic bags which render them useless as far as sniffing
10 is concerned and I also wish to congratulate LePage
11 Company for rendering their tubes of glue unpalatable.

12 I thank you ladies and gentlemen.

13 (Applause)

14 THE PUBLIC: In Kruschew's time (Groman)
15 advocated opium for the people, and by the same sense
16 when you plan war, think peace. The same thing today.
17 I met a social worker, a lady, brilliant personality, a
18 person who (inaudible) on the teenage people. She had two
19 articles in the press lately, the old article she said
20 that people who have the most (inaudible) have power. Then
21 she said that the people who use drugs, they are the best
22 common workers and they have integrity.

23 THE PUBLIC: Hear, hear.

24 THE PUBLIC: We have all over the world
25 (inaudible) in the universities, we had a professor
26 addressing the university and a few weeks later (inaudible)
27 If the Government is interested that the young people
28 should have opium and any Commission, any hearing that
29 would take place (inaudible). How could you people know
30 about opium if professors and teachers wouldn't tell the

1 people to use them? Now about alcohol, about the cigar-
2 ette, it is owed to the fathers and if the fathers stop
3 smoking them the people wouldn't use it. Now the
4 people claim this is very high society to have (baths)
5 in their homes (inaudible).

6 This summer we had rock festivals and in
7 the rock festivals they were selling opium and the Gov-
8 ernment knew that. It is very hard to fight drugs if the
9 Government is interested in people who use the drugs.

10 THE CHAIRMAN: Thank you.

11 THE PUBLIC: I talked earlier in the day,
12 and a little bit of my love for Jerry Rubin came out and I
13 got really heavy which a lot of people probably didn't dig.
14 I don't usually get heavy. My name is andrew and hi every-
15 body, and I am very high and I want to make sure that is
16 known first because I don't want anybody to get up tight,
17 or you know, anything like that. Yellow sunshine is
18 really good acid.

19 (Applause)

20 I stand before the Commission and I see one
21 thing, in all of these people I see only one thing: I see
22 concern; I see different avenues of concern. Some of us
23 are yippies and some of us are hippies and some of us are
24 dippies and whatever other thing we want to call ourselves.
25 And some of us are what we consider straight or something
26 like that. But one thing that is very noticeable is that
27 everybody is very concerned. There is a lot of paranoia,
28 but I don't know ---

29 THE PUBLIC: Mr. Chairman, could I ask a
question?

30 THE CHAIRMAN: Go ahead.

1 THE PUBLIC: What would you like us to do
2 for you?

3 THE PUBLIC: A glass of water would be
4 really nice.

5 (Applause)

6 Up the country we do it better, like we put
7 LSD in it and then put it down mountain streams and the
8 stuff is really groovy, but this stuff is good too. That
9 last gentleman who was speaking I think probably said more
10 than anybody else that spoke all day. Before he started to
11 speak, he told me that he was deaf and he couldn't hear
12 anything that was going on in here, so he obviously picked
13 up on the vibrations because he really got off on what he
14 was saying. He is a fine communist capitalist I would
15 think, and that is a heavy thing to say I suppose, but
16 you know, I am pretty heavy sometimes too.

17 You know, I look at things --- I got up
18 before and Jerry Rubin came out in me because I love him
19 and he goes around and he goes to North Viet Nam because
20 he is concerned with what is happening there, and he
21 goes to Ireland because he is concerned about what is
22 happening there. Okay? And I am not a communist at
23 all, okay? Like if I were to say that I was anything,
24 I am probably more a backwoods boy that doesn't know
25 anything about anything excepting that I love people and
26 that gets that subject done.

27 Now we were having a discussion outside,
28 okay? And a gentleman was stating his opinion on what
29 he saw in reality and everybody else was trying to
30 express their opinion on what they saw in reality. Like

1 I said when I began, the only thing that I see in reality
2 here in this room is that everyone is concerned. I
3 don't know any of you --- well, I know a few of you
4 people, but I don't know any of you people super-person-
5 ally, but like I know you all.

6 Now we tried to get that point over as
7 turned on drug users. Now I've been turned on for five
8 years, okay? Now as I brought out before I turned on
9 in San Francisco when everything was flowers and kisses
10 and nice trips and a "Magic Carpet Ride," and, you know,
11 a real nice psychedelic thing.

12 I have been in jail three times, okay?
13 I have been deported from the United States, I am not
14 allowed to go into England or any other place for
15 political reasons that I can't figure out, but anyway
16 --- that gives you some background.

17 Now, Utopia, what kind of a Utopia do
18 you have in your mind, my friend? Like I got Utopia
19 in a glass of water, okay?

20 MR. CLARKSON: Well, my Utopia is our
21 present Canadian society, but I would like to try
22 putting a very active social conscience into our free
23 enterprise system. And otherwise, I think that that
24 might make for as good a Utopia as you will find on
25 this earth.

26 THE PUBLIC: Okay, I will agree with you
27 from that standpoint, although I see my brothers and
28 sisters over here that do a lot of social work and
29 trips like that, and they live up in the forest and
30 they have a Utopia in the forest, / And if you want to
too.

1 | look at things on universal mode scale, man, that's the
2 | balance, man. He is living in the forest, you are living
3 | in the city, you are concerned in the city and he is
4 | concerned in the country. You stop the pollution in the
5 | city and he will stop it in the country. Very simple,
6 | man.

7 | MR. CLARKSON: Do you think we could
8 | carry on? I would like to hear from these other people.
9 | I have to get back to Victoria.

10 | THE PUBLIC: That's fine. Oh, by the way,
11 | I talked this morning and there was one of the people,
12 | and I don't know anything about politics particularly,
13 | but I believe there is one of Premier Bennett's repre-
14 | sentatives and I got pretty foul mouthed from the common
15 | consensus of what is foul mouthed, and to that gentleman,
16 | if that got him up tight, or to any old ladies that got
17 | up tight --- I don't see any old people here, everybody
18 | is young at heart anyway, if it got them up tight, I
19 | am very sorry and that's all I have to say.

20 | THE CHAIRMAN: Thank you.
21 | Gentleman at the microphone?

22 | THE PUBLIC: I want to know what kind of
23 | dependence you talked about with marijuana exactly,
24 | because like you are talking pretty exact and like you
25 | have got all the clinical psychologists, you know, and
26 | I would really like to know what kind of dependence you
27 | mean.

28 | MR. CLARKSON: What I mean by psychological
29 | dependence is when the person, for good reasons want
30 | in their conscious mind to stop using the drug

1 they are unable to. There is a compulsion to use the
2 drug regularly.

3 THE PUBLIC: Why should they want to
4 stop in the first place?

5 MR. CLARKSON: I am just saying that when
6 they want to. When they want to, that's the way I judge it.

7 THE PUBLIC: But you see, you are just
8 saying they will want to, but I am saying, why should
9 they?

10 MR. CLARKSON: No, you asked me what was
11 --- how I determined when a person has a psychological
12 dependence. I say that's how I determine it. I am not
13 judging whether they want to stop or not, I am just
14 saying when a person comes to me and wants to stop; that
15 the drug is more pain than it is pleasure and they are
16 very anxious to stop.

17 THE PUBLIC: And they can't stop?

18 MR. CLARKSON: Yes, when they can't, then
19 I know they have got a psychological dependence on the
20 drug.

21 THE PUBLIC: No, no.

22 MR. CLARKSON: Have I answered your
23 question? Could anyone? This is a very good example
24 of communication. You asked me how I judged psychological
25 dependence.

26 THE PUBLIC: Yes.

27 MR. CLARKSON: Haven't I told you how I
28 judged it?

29 THE PUBLIC: No you haven't.

30 MR. CLARKSON: I told you if the person

1 comes to me and they want to stop, they have good reason
2 to stop for health reasons, mental reasons, or some
3 other reasons ---

4 THE PUBLIC: You are saying they can't
5 do it.

6 MR. CLARKSON: If they can't stop by the
7 normal means, then that's how I judge psychological
8 dependence. Okay?

9 THE PUBLIC: No. I don't understand.

10 THE PUBLIC: My name is Woody Nichols and
11 like I am high too, but it's not anything you can buy or
12 sell, and I think the main problem in the world today,
13 it all has to centre around one word which is "reality".
14 Now the system we are in right now is the status quo.
15 Like that isn't reality, that is why there is a drug
16 problem, because people can't find reality there.
17 And as long as there are problems, there is always going
18 to be solutions, and as long as there are solutions
19 there are always going to be problems, because mankind
20 was not made to be on his own. He was made to be
21 dependent on God, and God is the answer, and God's way
22 is the simple way, and it is a perfect way and God does
23 have the solution. He gave it to us almost 2,000 years
24 ago when His son Jesus Christ died for us --- He did ---
25 He is alive, His grave is empty, His resurrection of the
26 dead is the best attested fact of history and that is
27 why you are living in the year 1970 A.D. God does have
28 the answers. He is real and He still is alive and He
29 loves you, that's why He made you and that's why He made
30 the world. It is becoming consciously aware. Like I took

1 acid, I smoke grass, I was really hip to the LeDain
2 Commission when I heard about it first, but like I knew
3 there was still something missing, man. I could take
4 all of Mike's acid and really get off and really get
5 out there and pick up the vibes, but, like, there was
6 something missing because there is a void that has to
7 be filled and right now I don't have to take any drugs
8 because I got saved by Jesus Christ and He gave me a
9 free present called the Holy Spirit, and man, like if
10 you want to get high, all you have to do is get saved
11 and you find out what reality is. Jesus loves you.

12 THE PUBLIC: Yes.

13 MR. CLARKSON: You can get turned on
14 without drugs, and I forgot to mention that I am one of
15 the fortunate people who I think is turned on without
16 drugs.

17 THE PUBLIC: Praise God.

18 My name is Kenny. Like I was in the drug
19 scene too for a while. I went through --- like I quit
20 taking drugs before I came to Jesus anyway, but I just
21 want to say that I didn't find any truth in drugs and
22 that's the only reason I was taking them because I was
23 looking for the truth. I don't know about all you people
24 but God tells me that/^{every}man has got a little seed in his
25 heart that is looking for truth and that's why most of
26 us probably try drugs. Well I quit drugs and I went
27 into meditation, you know, a serious meditation, I wasn't
28 quite feeling myself. I quit that too because I didn't
29 have to any more because like I felt my body was perfect
30 and I went into a thing with eating natural foods. And

1 well, like I met this girl names Wendy and like I was
2 spiritually united and it was like a spiritual aura
3 around us, and I don't know if any of you have ever
4 tried that, like it was really far out, but that still
5 wasn't the truth either. I mean I was into the super-
6 natural thing and there were like spirits --- into the
7 spirit world --- but it still didn't promise me anything,
8 you know. Like everybody is looking for the truth and
9 I want to read you something in St. John, Chapter 10,
10 starting at verse 1: "Verily, verily, I say unto you,

11 He that entereth not by the door into
12 the sheepfold, but climbeth up some
13 other way, the same is a thief and a
14 robber."

15 And down here it says: "Then said Jesus unto them again,
16 Verily, verily, I say unto you, I am the
17 door of the sheep."

18 Jesus is the door and He says: "If any man tries any
19 other way, he is a thief and a robber." You had better
20 make sure you have got that right.

21 MR. CLARKSON: Has Christianity given you
22 any answer to our problem here of whether or not we
23 should legalize marijuana?

24 THE PUBLIC: I think you ought to leave
25 it up to God. I think the first chance you have got to
26 have is that you have a vice, and the first thing you
27 want to know is eternal life. Have you eternal life?
28 Are you sure?

29 MR. CLARKSON: No, but I am sure. But
30 have you found any answer here or anything that might

1 help us with our deliberations?

2 THE PUBLIC: Jesus loves you. I don't
3 think there is any other answer you need. As a matter of
4 fact, I notice that there is right now probably a great
5 conviction upon you, upon every one of you. Jesus came
6 down and when he was thirty-three years old, what did
7 he say? He said, "Ye the generation of the vipers", and
8 I'm sure he would say the same thing today. Make sure
9 that you're in the House of God, God bless you.

10 THE PUBLIC: I have a little thing that
11 would help you out in deliberating here. I am a Jesus
12 people too, and I grew up in a nice home, nice reputation
13 and my parents gave me everything my physical body could
14 ever desire and my church supposedly gave me everything
15 my soul could desire, but I was not happy. My parents
16 argued; I argued. It was a mess. So I split. I tried
17 dope because I heard people had some wild experiences on
18 it. We just didn't get anywhere. So I tried it, and
19 after the kick part of it wore off I got to the point
20 where I was dead inside. Now, instead of legalizing
21 marijuana, you are just adding to the problem. Man has
22 been going on since Adam trying to hit his spiritual
23 problem from the physical side of life and it is really
24 silly. You can get all the cars and all the money and
25 all the physical pleasures you want, but Jesus said,
26 "that which is borne of the flesh is flesh, and that
27 which borne of the spirit is spirit." You dig it? That
28 is really heavy. Jesus only can give you birth to
29 spiritual life. I tried meditation, and sure, you can
30 get quiet but try to get around other people and keep

1 | your peace. There is this little thing called selfish-
2 | ness that we all have to get over, and getting stoned
3 | isn't going to help it. You can be emotionally high when
4 | you are stoned, but what happens when you are emotionally
5 | down? Your emotions can only take so much. Jesus has
6 | set me free from self. He has set you free. It does
7 | not depend on your words, it does not depend on your
8 | intelligence, it does not depend on anything but the
9 | blood of Jesus and the love of God. He loves you so
10 | much, He made it so easy for you to get saved and get
11 | this abundant life that Jesus gives, you don't come
12 | down. The only way you could come down is turn your
13 | back on Jesus. You have some of that life that God
14 | has and He is perfect. All you have to do is accept
15 | it. You can go on and build an ego in your mind, you
16 | can do anything you want on your own, but as long as
17 | you feel that it is your words that are going to get you
18 | where you go, you are going to miss the boat. When you
19 | die, you are not taking anything with you but your
20 | soul, and it is so easy --- don't look at the churches,
21 | they are playing games too. Jesus called
22 | Pharisees, and scribes hypocrites. You know when I
23 | was younger I was a hypocrite too. I looked very
24 | unselfish and very meek and kind, but inside me was a
25 | different story and I am sure glad that no one could
26 | read my mind. Jesus has changed me on the inside.
27 | There is that spiritual life in there that did not come
28 | from the world, and you of the world can't receive this
29 | because you are not from God, but there is some in here
30 | who are looking for the truth, and you are receiving the

1 words of God, and there is that ego that you have to lay
2 aside, you have to lay aside that "I can do it by myself"
3 attitude. When you can do that, you can receive God
4 and really, I tell everyone because I know it's true.
5 Look at the world. "Thou shalt not eat of the tree of
6 knowledge of good and evil, for when you do you shall
7 die". So instead of legalizing grass or acid, you all
8 get into Jesus and see what his answer is. Because it
9 lasts for eternity, it gives us peace, it shows us how
10 to love one another. You know if we all loved one
11 another it would not be so bad around here. But it is
12 really hard today to love one another, especially that
13 really ugly guy that just really can't do anything for
14 you. Yeah. Or the guy that has something you want.
15 Jesus can do it though. Take a chance, and you have to
16 be willing to face it. And face God. God bless you.

17 (Applause)

18 THE CHAIRMAN: I am wondering to catch up
19 a bit with our schedule if I should not call the next
20 submission. Thank you Mr. Clarkson for your assistance
21 and we have given consideration to your brief and we
22 could have discussed a number of points, but I think we
23 should perhaps try to move on. At this point I call
24 Mr. Phillip Butler, Canadian League of Rights, B. C.
25 Branch. And there is a gentleman at the microphone there.

26 THE PUBLIC: Yes, I think that everything
27 is natural in life and God is very natural and Jesus is
28 very natural and even the paper that you write your
29 reports on is written on, if you hold it up to the light
30 it says cotton flax on it, things that grow from the earth,

1 vegetation, they need it for products that we use.
2 Unfortunately, grass came up --- I should say maybe
3 fortunately grass came up and people smoked it and
4 smoking is not good for you anyway, you smoke grass or
5 tobacco, maybe you should eat it. It is a natural herb
6 that grows, and quoting from the Bible, "Every plant
7 yielding seed was meant for our food," --- this is
8 Genesis 1:21. So here we have seed that grows. Life
9 is a seed because for some reason there is a life style
10 centered around marijuana. People act and over react
11 differently. You have the yippies on the one hand and
12 you have the cops beating them up on the other. It is
13 very natural. It grows. Caffeine is probably more
14 harmful than eating marijuana. If you feed it to cows
15 it will help to increase their milk, and if you look
16 in herbal books there is many different uses for the
17 drug. If it grows, it has a seed, God planted it, it
18 is meant to be used for something, whether it is rope
19 or whether it is just a seasoning. You get off on
20 everything you do. Whether you just drink lemon water
21 for five days, you get off, you would be stoned out of
22 your skull. If you were God, you would be stoned. There
23 is a connection between yourself and Jesus and the Lord.
24 We are in a state of change, it is 1970, we are birth
25 dated, and Jesus Christ was a Piscean. Each year an
26 astrologer asks 2,000 years, it is not 1970. Our new
27 saviour is coming. Jesus Christ is coming again. We
28 have turned on to weed and grass and we are seeing out
29 of this dimension, we are seeing things as they are
30 coming, and each one of us is in a different stage of

1 changing. Some people see things in a different way
2 all the time, they preach love and they have no bad
3 thoughts, but others are struggling along and there is
4 someone in the city who has just got busted, got thrown
5 in jail who just sits back and will go, "Wow, is this
6 where it is at?" And they are right. Is it they or
7 we? It is us, it is all of us. It is the Commission
8 to get down, to talk about it, to discuss it? I will
9 just leave with the group, it is natural, it is
10 natural. Make things green again and you will have
11 happy people. People are happy when they are with
12 nature. They slow down, they become nature, they see
13 the relaxing, the beauty. They close their minds, they
14 have beautiful thoughts, they are not pressured by
15 anything. If the fish don't bite, they just wave. They
16 chop wood maybe to build a fire instead of going to work
17 and paying the bills at the end of the month, they chop
18 wood every morning. They are in the same scope and
19 they fit.

20 Cultivated marijuana can be used in a
21 thousand ways. It should be controlled maybe to a
22 certain degree but there are many uses. It can grow
23 and if it can grow, it can be harvested , not to the
24 extent that we throw chemicals into the ground to make
25 it grow though. Keep things natural. That is what we
26 are learning, learning to live with the natural situation,
27 whether it is ten people all the same age. Maybe we
28 don't have partners in it, maybe we do have a partner
29 in it. Surrounding ourselves with the real aspect of
30 conflict between human relationships and you see them,

1 and you go, "Wow, that is far out," and you freak out
2 baby, but after a while you have learned and you see it
3 and you see it again, and you have learned to say, "Oh,
4 I can help the situation. I have been through that
5 before." Someone is freaking out, someone is getting
6 up tight or someone is getting involved in something
7 that is really a small matter. Things are expensive.
8 The whole universe, the whole universe, and we are so
9 small and we are doing this and doing that, but the
10 whole thing we have to look at.

11 THE CHAIRMAN: Thank you.

12 (Applause)

13 THE CHAIRMAN: Mr. Butler? Perhaps we
14 should hear from Mr. Butler. We can hear from the others
15 at the microphones and there will be an opportunity for
16 you to speak, but could we hear from Mr. Butler now and
17 give him a chance to speak?

18 MR. BUTLER: Mr. Chairman and members of
19 the Commission on the Non-Medical Use of Drugs, ladies
20 and gentlemen. I am here to present a brief on behalf
21 of the British Columbia Branch of the Canadian League
22 of Rights. I wish that I could support the last findings
23 of the Commission, but cannot, in all honesty, support
24 this Commission's views to date.

25 First of all I would like to outline what
26 the Canadian League of Rights thinks in regard to the non-
27 medical use of drugs, in particular the use of marijuana
28 which is considered by some people to be a "mild" drug.
29 We hear this story quite often when trying to justify
30 the legalizing of marijuana. It is then compared to

1 people drinking alcohol, tea and coffee. I agree that
2 the abuse of anything which has sedative effect on the
3 body can be bad and also the abuse of alcohol can cause
4 problems. But can you tell me where a person has really
5 changed his whole behaviour when he drinks more coffee
6 or tea than the ordinary person, like a person who gets
7 started on marijuana does?

8 I have noticed that there are more and
9 more reports coming out from medical people warning
10 against the use of marijuana, but we do not hear too much
11 about their point of view. I would like to take a
12 couple of examples because I think that we have to take
13 what these people say seriously. The first being the
14 statement issued by Dr. C. G. Giles, M.D., Assistant
15 Secretary of the Alberta Medical Association on June 3rd,
16 1969. I think that this gives us some insight into the
17 effects of the abuse of not only marijuana, but also
18 other drugs which are being used these days.

19 I would like to quote now: "The Alberta
20 Medical Association, after a study of
21 drug abuse, makes the following statement:

22 1. Accumulated evidence indicates that
23 hallucinogenic and mind altering drugs,
24 including LSD, STP, amphetamines,
25 marijuana, barbiturates and related drugs
26 produce injurious mental and/or physical
27 effects.

28 2. Each of these is a potent substance
29 with mind altering properties and toxic
30 potential when taken by humans. Toxicity

1 is dose related, but adverse reactions
2 depend also, in part, on the unique
3 nature and personality of the user.

4 3. We recognize that the increasing
5 use of marijuana is causing much legal,
6 social, and medical concern. Therefore,
7 special consideration has been given to
8 marijuana.

9 4. The evidence from scientific observa-
10 tions in western countries has not as yet
11 been compiled in controlled and scienti-
12 fically valid fashion. To contend that
13 the use of marijuana is therefore harmless
14 is unwarranted. There is definite
15 evidence of toxicity. After careful
16 perusal of much published evidence from
17 the World Health Organization and other
18 authoritative sources, we are of the
19 opinion that long term or chronic use
20 of the drug produced psychic dependence.

21 5. In the short term or intermittent
22 user of marijuana, the effects of the use
23 are unpredictable. Documented reactions
24 include depression, panic or phobic
25 reactions, flashback phenomena, halluci-
26 nations, psychotic episodes and the
27 development of an amotivational syndrome.

28 6. We would suggest that the usage of the
29 above mentioned drugs be subject to
30 continued stringent legal penalties.

1 This does not mean that present regula-
2 tions and legal restrictions could not
3 be improved on."

4 And that is the end of the AMA statement.

5 I think that this is a very revealing
6 document and shows that the taking of marijuana does
7 affect the mind. Just after the release of this
8 Commission's interim report there was a report in the
9 Toronto Telegram of June 9th, 1970, under the heading of
10 "Report Links Marijuana, Brain Damage". You guys
11 might laugh at that, but these guys are the head
12 shrinkers also talking. This was the report on the
13 findings of Dr. Robbie Campbell of Edmonton after a two
14 year study of marijuana users who required psychiatric
15 treatment after taking the drug. This was presented at
16 the Canadian Psychiatric Association in Winnipeg. Here
17 is part of this report:

18 "Winnipeg - Dr. J. Robertson Unwin of
19 McGill University, one of Canada's leading
20 psychiatrists told the meeting: ' This is
21 an enormously important work and we should
22 send it to the LeDain Commission.'"

23 And I hope the LeDain Commission has received it.

24 "What distinguishes this paper is that
25 many medical people believed that mari-
26 juana was not habit forming, and not a
27 dangerous drug. Those who dispute this,
28 were not able to back up their views with
29 scientific proof.

30 Dr. Campbell's paper showed that there is

1 a marked increase in the EEG or electro-
2 encephalogram, abnormalities of those who
3 have used marijuana and in particular
4 those who had developed a psychotic rea-
5 ction (abnormal mental behaviour.)

6 The young psychiatrist studied 11 patients
7 with psychotic reactions to marijuana
8 requiring psychiatric treatment and
9 compared them with 11 marijuana users
10 without apparent psychiatric complica-
11 tions. He also tested 29 psychiatric
12 admissions with the diagnosis of schizo-
13 phrenia.

14 Since the incidents of psychotic reactions
15 and EEG abnormalities, is so much
16 greater than the normal population and
17 than schizophrenic population, it is
18 suggested that the drug may be a factor
19 in contributing to the psychotic reactions
20 observed, Dr. Campbell said.

21 There is a marijuana psychosis and it's
22 long lasting, Dr. Campbell said."

23 I think that Dr. Campbell made his point very well and
24 to back him up further is R.C. Hammond, Chief of the
25 Federal Government's Division of Narcotic Control, who
26 not only goes along with this line of thinking, but was
27 reported in the Vancouver Sun of August 19th, 1970 as
28 saying that the taking of marijuana may lead to the
29 taking of heroin.

30 (Applause)

1 In this day and age when the world seems
2 to be getting into bigger and bigger messes and which
3 over taxes a lot of people's mental capabilities which
4 results in them being committed to mental institutions,
5 why make something else readily available to have even
6 more cases? Here in B.C. the position is serious in
7 relation to mental institutions in that we do not have
8 enough trained staff and facilities. Do you want to see this
9 get worse?

10 There is nothing worse than to see young
11 people who are throwing away their lives by getting
12 hooked on drugs, which usually started with smoking
13 marijuana. Then they become a burden on society and
14 in some cases end up taking their own lives. We of the
15 Canadian League of Rights, believe that we should be
16 building a strong Canada, but to build a strong country
17 you need to have a healthy society, and you will not have
18 one as long as people have access to drugs like
19 marijuana, and the penalties are not stiff enough to
20 discourage the use of them.

21 IN RELATION TO THE LAW

22 I think that this brings us to a very
23 important question. I think that for the Commission to
24 suggest in its interim report that the maximum penalty
25 for the possession of any drug, including heroin, should
26 be \$100.00 fine, is not taking the whole question
27 seriously enough. You could say that this is like
28 trying to put out a fire by pouring oil on it. I think
29 that every thinking person realizes that a trafficker
30 can raise \$100.00 very easily.

1 What does worry us is the criminal element
2 which is involved in the illegal narcotic business.
3 Here in Vancouver in the past year there have been at
4 least three people murdered who were connected with the
5 illegal drug trade. The best person to speak on this
6 is the Commissioner of the RCMP, William Higgitt who
7 spoke at a news gathering not long after his appointment
8 on October 6th, 1968 and which was reported in the
9 Toronto Globe and Mail of October 7th, 1969:

10 "Any step to legalize marijuana would be
11 a mistake for a variety of reasons,
12 among them the observed tendency of some
13 young marijuana users to move on to
14 other drugs like heroin."
15 "The Commissioner also said that organized crime is taking
16 over the narcotic market."

17 I think that when we get a man who is
18 responsible for running our national police voicing
19 these opinions, then we ought to take another look and
20 have a long think before relaxing our present laws.

21 We have enough cases of our young people
22 blowing their minds on all sorts of drugs and then we
23 expect them to be able to decide what is right and what
24 is wrong. No wonder we are having the problems we are
25 today with our youth if they continue like this. This
26 is not curing our problems, but adding to them.

27 And we would like to make the following
28 recommendations.

29 We of the Canadian League of Rights would
30 like to make the following recommendations:

1 1. That money be made available for the research required
2 into the long and short term effects of all soft drugs
3 by the Federal Government in cooperation with the
4 Provincial Governments.

5 2. That the law be changed to the extent that a Judge
6 will not have to imprison someone for taking drugs and
7 having them in his possession, but that he be given the
8 power to send the person before him to a rehabilitation
9 centre. In this regard all loopholes should be closed
10 so as pushers do not get off by "just having them in
11 their possession".

12 3. The penalty for those people pushing drugs and are
13 not themselves hooked and needing to push them to support
14 their habit, be the death penalty.

15 (Applause)

16 These people are no better than murderers and as far as
17 I am concerned they are sometimes worse.

18 4. That the Federal Government make available funds for
19 rehabilitation centres to be set up and put under the
20 Provincial Health Departments.

21 The Canadian League of Rights would like
22 this Commission to recommend these points to the Federal
23 Government and to in the future come out with some
24 positive recommendations which will help build a strong
25 country.

26 There is one point before closing which I
27 think leaves a big doubt in my mind as to the sincerity
28 of this Commission in taking an impartial look at this
29 very serious question. This is the report in the Toronto
30 Telegram of November 12th, 1970.

1 "A part time employee of the LeDain
2 Commission investigating the non-medical
3 use of drugs, has been remanded in
4 provincial court in Orangeville on a
5 charge of possessing hashish.

6 Lawrence Rubin, 27, of Winnipeg, was
7 arrested September 7 along with 204 others
8 at a rock festival in nearby Rockhill, 35
9 miles northwest of Toronto. He was not
10 in court when the remand was granted."

11 I hope that this has been a lesson for
12 the Commission and that they will make sure that they
13 have people working for them and digging up the facts
14 for them who do not have an interest in the outcome,
15 should it favour the legalizing of marijuana, which
16 I hope that it won't.

17 That's the end of my submission, but I
18 would like to add --- I thought this Commission was
19 supposed to be impartial, and I think when we see a
20 case like this, then I start to wonder and I know a lot
21 of other people are wondering about the whole set up of
22 this Commission.

23 THE CHAIRMAN: I think perhaps a little
24 clarification of fact here. If we are talking about
25 impartiality I think you might have quoted the entire
26 press release, Mr. Butler. The person you are referring
27 to was charged before he had any connection with the
28 Commission. He was hired by the Commission under the
29 impression that the charge had been dropped, and the
30 Commission has a condition of employment with it that

1 | people --- employees will not use drugs while working
2 | for the Commission and there has been no suggestion of
3 | a breach of that condition in this case. Now there was
4 | a complete report to that effect from the Canadian Press,
5 | so that if you chose to make reference to that, I think
6 | you would have done better to make a full report.

7 | MR. BUTLER: The only other point I
8 | didn't make, is that he had been --- suspended or
9 | whatever you call it, that was the end of the report,
10 | just saying he had been suspended until the outcome of
11 | the charges.

12 | THE CHAIRMAN: Gentleman at the microphone?

13 | THE PUBLIC: Yes, with all due respect to
14 | this gentleman, I think he is a fool. An honest fool,
15 | granted.

16 | MR. BUTLER: That is your opinion sir.

17 | THE PUBLIC: That's right. I believe you
18 | are a fool, an honest fool like I say, and I believe
19 | your group practice a little exercise in democracy. You
20 | no doubt in my mind have sat around and discussed this
21 | at length and read Time Magazine or several other
22 | journals. But I have been hearing these same things for
23 | twenty-five years. I have been a drug addict --- pardon
24 | me, lady. If you want to say something, stand at a
25 | mike.

26 | I have been a drug addict since I was seventeen
27 | years old and I heard these reports ever since
28 | that time. I have heard advocacy of the death penalty;
29 | I have heard advocacy of an island somewhere off the
30 | coast of B.C., and to put all the addicts there. I guess

1 we need a tide manual or something to escape. I have heard
2 all sorts of propositions to deal with addicts.

3 MR. BUTLER: I didn't say addicts, I said
4 the persons that were not addicted to the drug and that
5 were pushing it.

6 THE PUBLIC: Anyone that is using drugs
7 is a prospective pusher. I have pushed drugs. Anyone
8 who uses drugs, well it happens whether you like it or
9 not. I am giving you the facts. Now I have done possibly
10 twelve or fourteen years in the penitentiary due to
11 heroin, and if someone could be called a drug addict, I
12 suppose I would fill the bill. And I am drug dependent
13 and I have tried just about every possible method to
14 cure myself of drug addiction and the police tried
15 several, and consequently I went to the penitentiary.
16 I have tried cold turkey cures; I have tried private
17 hospitals; I have tried geographical exits on other
18 locations, and I have been unsuccessful in every effort.
19 Right now I am not addicted but I might be next week.
20 And I feel that I am drug dependent. And my only concern
21 is living in the society. I am not basically an evil
22 man regardless of some views. This man advocates my
23 execution if I sell a cap of drugs to someone else.

24 MR. BUTLER: I did not sir, I said a
25 person who is not drug dependent. In other words, a
26 person who is clean of it.

27 THE PUBLIC: What if I sell the drugs?

28 MR. BUTLER: If he's pushing it for his
29 own gain, that's what I said.

30 THE PUBLIC: Well, it's a very touchy

1 subject.

2 MR. BUTLER: It's a ^{touchy} /subject to me because

3 ---

4 THE CHAIRMAN: Excuse me, I think it
5 works better if we let each other speak. It goes
6 better that way.

7 THE PUBLIC: My only statement is, I've
8 heard these kind of things for twenty years, I've heard
9 it from the Stevenson Report and I've heard it from
10 several Commissioners of RCMP and naturally their
11 police mentality --- they are stiffer penalties ---
12 penalties have been getting stiffer for twenty years
13 and the number of addicts on the Canadian scene have
14 been getting larger in past twenty years. And I think
15 it is time that something was done. I have heard a lot
16 about marijuana. When I started there was no marijuana
17 in Vancouver, so you could hardly say soft drugs lead
18 to hard drugs, and I think this is another fallacy,
19 that marijuana users go to heroin.

20 That is all.

21 THE CHAIRMAN: There is a lady in the
22 blue dress that very kindly conceded her place a while
23 ago.

24 THE PUBLIC: Mr. Chairman and members of
25 the Commission, ladies and gentlemen, I am representing
26 the Provincial Council of Women. I was going to speak
27 to ---

28 THE CHAIRMAN: Could you speak closer
29 to the microphone?

30 THE PUBLIC: I was going to speak

1 on Dr. Campbell's report but you have done this very
2 well, so I will just go on with other statistics that
3 I have from physicians who are qualified.

4 "Medical letter of drugs and therapeutics
5 prepared by distinguished group of
6 practising physicians: there were certain
7 social and psychological changes filling
8 physicians with growing alarm. Advocates
9 of lifting legal restrictions on the use
10 of marijuana state that it is no more
11 harmful than alcohol or cigarettes.
12 However, reports of serious adverse emo-
13 tional reaction and personality changes
14 are increasing. Panic, gross confusion,
15 compulsive and aggressive behaviour,
16 depersonalization, depression and paranoiac
17 behaviour have been reported. Some
18 researchers were now beginning to
19 introduce evidence of lasting damage to
20 some marijuana users, genetic change
21 that might be passed from one generation
22 to another. Certainly, said Dr. (inaudible)
23 Medical evidence supporting this claim
24 should be examined before marijuana laws
25 are made more lenient, in response to
26 pressure from people who are obviously
27 using it themselves and liking what it
28 does for them euphorically. Dr. Louis
29 Soussa of the St. Vincents Hospital of
30 Paris, New Jersey, reported that after

1 the first few experiences with marijuana
2 there was a complete destruction of the
3 DNA component of the genes. His discovery
4 was possible through his use of ultra-
5 violet microscope enabling him to magnify
6 the chromosones 100,000 times. Additionally,
7 Dr. Brill pointed out the use of marijuana
8 in colleges was producing a brain drain.
9 Many students, he warned, were dropping
10 out of schools after using the drug."

11 The resolutions which we have proposed, Mr. Chairman.

12 "Whereas marijuana is a drug, an intoxicant,
13 the psychological effect of which have not
14 been predicted, and because of the unpre-
15 dictableness of its effect on the mind,
16 conscience, and self control, young people
17 particularly are more vulnerable to temp-
18 tation and exploitation than they would be
19 normally. Normal safeguards are ignored
20 and inhibitions are removed;whereas marijuana
21 being a drug with a real potential for harm
22 in both medical and social sense, and known
23 as a form of drug, therefore, be it re-
24 solved that the Provincial Council of Women
25 requests the LeDain Commission that the
26 legalization of marijuana should not be
27 considered, and further be it resolved that
28 further methods of treatment be explored for
29 first offenders who are found in possession
30 of this drug, other than the imposition of
prison terms."

1
2 Thank you Mr. Chairman.

3 THE CHAIRMAN: Is it Mrs. Wilson?

4 MRS. WILSON: Yes.

5 THE CHAIRMAN: Mrs. Wilson, could you tell
6 us something about the Provincial Council of Women. You
7 say it represents 50,000 women?

8 MRS. WILSON: It is an organization of
9 women's groups throughout the province. In each city,
10 in many cities there is Councils of Women made up of
11 organizations, of women's organizations within the
12 cities.

13 THE CHAIRMAN: And when is the annual
14 meeting?

15 MRS. WILSON: The annual meeting was on
16 May 5th and 6th, sir.

17 THE CHAIRMAN: And did it consist of
18 delegates from ---

19 MRS. WILSON: From Prince George, Dawson
20 Creek and it was held in Victoria.

21 THE CHAIRMAN: Thank you.

22 MRS. WILSON: Thank you.

23 THE CHAIRMAN: Excuse me, you say it was
24 adopted unanimously? Is that literally the case that
25 there was no dissenting ---

26 MRS. WILSON: There were no dissenting
27 votes.

28 There were about 70 there representing.

29 THE CHAIRMAN: Lady at the microphone?

30 THE PUBLIC: Yes, what I would like to add

1 is that I have been smoking grass for twelve years, and
2 my doctor has never found anything physically wrong
3 with either my heart, my brain or anything else, and it
4 could not be compared to synthetics such as acid and
5 STP and so on, as/ ⁱⁿ the comparison that the gentleman
6 up there made, and I would just like to thank your
7 Commission for doing something because the psychological
8 effect has been put on young people that this will lead
9 to hard drugs, and because of the psychologocal impression
10 that the older generation has put on it, they feel that
11 if they have tried this high, they will try another high,
12 and this is wrong, because I feel that it is the lesser
13 of the evil of alcohol, marijuana is, one of the lesser
14 evils. I have even known alcoholics who smoke marijuana
15 and have been quite content and stayed off alcohol, and
16 they have been a quieter type of person, there have been
17 no loud fights or anything like they would go through on
18 alcohol.

19 Thank you.

20 (Applause)

21 MR. BUTLER: Mr. Chairman, I have various
22 doubts on that because I have a report here before me
23 of Dr. (Boudreault.)

24 THE PUBLIC: Would you like to do a
25 medical examination on me?

26 THE CHAIRMAN: Excuse me, Mr. Butler, I
27 do not know why we are losing this tone of communication
28 that we had here at listening to each other. Now let's
29 not break that because we cannot have anything useful
30 if we do not hear each other in a reasonably orderly

1 fashion.

2 What were you going to say?

3 MR. BUTLER: I have a report here from
4 Dr. Boudreault who has said that the medical officer at
5 Manseur in Quebec had something to say about marijuana
6 leading on to other drugs, and that was their report
7 in the Sun of August 3rd of 1970. And he said here that
8 he was the head of the first aid centre, Dr. Andrew
9 Boudreault had quite a few straightforward comments on
10 drugs and helped shoot down this theory that people who
11 smoke marijuana do not move on to harder drugs such as
12 LSD and heroin and I will quote his report: "In an
13 interview at the end of a three day pot festival, Dr.
14 Boudreault said he feels he must completely rethink his
15 attitude to drugs in the light of this weekend experience.
16 Dr. Boudreault is also director of the office of the
17 prevention and treatment of alcoholism and other drug
18 addictions, which is a provincial agency. Before we
19 regarded drugs with quite a bit of tolerance as part of
20 the rebellion of youth, citing examples of youth rolling
21 on the ground and going into a sort of delirium under
22 the influence of LSD, Dr. Boudreault said he now believes
23 in a far more strict approach to the problem. He is
24 convinced that it is not valid to argue that the drugs
25 being used by youth are a problem no worse than an
26 accepted drug such as alcohol. He added that all young
27 people brought in for treatment on bad LSD trips, told
28 of having taken marijuana or hashish before starting to
29 use LSD.

30 THE CHAIRMAN: Gentleman at the microphone?

1 THE PUBLIC: I'm like a little bird
2 greatly distraught by the violent wind. The violent
3 wind comes out of this man's mouth. The little bird
4 is my heart. Five years ago I became mentally ill and
5 went into a mental hospital and became ill because my
6 little heart was greatly disturbed by the violent wind
7 of modern man's opinions, such as this young man's, for
8 is he not of the same generation as I am? And will not
9 his opinions condemn my brothers and my sisters to
10 prison and perhaps to death?

11 Five years ago I escaped from the mental
12 hospital after I had been there one week because it was
13 ill and sick there, sicker than you can conceive. It
14 was hell. But after that I put myself for three years
15 in quietness and meditation in a little room in Montreal
16 living on welfare. I have never been able to work, not
17 could I do anything at school. It was dark and I wrote
18 poetry and I wrote novels. After three years I encoun-
19 tered marijuana and I began to use it. After six months
20 of using marijuana I went to university. I did not even
21 have my high school diploma, but because of the things
22 that I had written I was allowed to take a second year's
23 courst in Honours English, though I was French Canadian.
24 Because I used marijuana in the evening I would fall
25 into a sort of meditation on different subjects and
26 everything would come out. After three years of this
27 though, and the use of LSD, I saw this thing that
28 modern man's opinion can cause him his reality, and I
29 saw they were illusions, and I saw that the reality of
30 those who used drugs, that the illusions of those who

1 used drugs, called reality, is also an illusion. So both
2 with the use of drugs and without the use of drugs you
3 have illusion. Because all those things pertain to
4 character. This is the thing that I really wanted to
5 say more than these facts, besides the fact that for
6 eight months I have not used drugs of any sort. It is
7 not psychologically addictive. I did not have any
8 effort giving it up, I do not miss it and I do not intend
9 to return to using it. This is the question I ask for
10 you. Since you are my elders and you are a Board of
11 Inquiry which is very important because of the many
12 thousands of us in jail, you see, I ask you this: since
13 the thing that would allow you to decide to make it
14 possible for you to decide whether you should legalize
15 the drug or not, will come only by an act of your
16 wisdom if you have it. Where will you find wisdom?
17 Do you know what is the Tao? Have you read the sages
18 of our times? Do you know who Patagarus is, these
19 gentlemen. They have the answers to all these questions.
20 The question lies in wisdom, but you do not have the
21 wisdom. According to Lao T'se, If a wise
22 man ruled, was the governor, this question of drugs, the
23 drug would not be legalized, and no one would suffer,
24 because that is the knowledge of Tao. The use of drugs
25 is a primitive composition of the harmonious nature
26 within us, you see. But this is lost, further being
27 related and further decomposing on it will keep decom-
28 posing until all of the artifacts are set up around
29 you and you will call them the houses, the house of drug,
30 the house of prostitution, the house of hyprocisy, the

1 house of danger and wind, the house of doubt and ques-
2 tioning, and when love is spread out like that and that
3 is the hell that is prophesied.

4 (Applause)

5 THE CHAIRMAN: Lady at the microphone?

6 THE PUBLIC: I would like to say Mr.
7 Chairman and with respect to Mr. Butler's brain damage
8 of people having to use marijuana, in the last years
9 having produced a healthy child and a novel and a
10 master thesis, I prepared a statement because I am
11 extremely emotional about this, and I feel I could not
12 do it otherwise --- I will not bore you by speaking too
13 long. I think that the most important thing we are
14 considering is what this law does to people, and I will
15 tell you what this law has done to people, or I should
16 say potentially. I am speaking to you from that vast
17 area of profound silence in these matters, the area of
18 privilege in our vertical mosaic, and as a victim of
19 a law which has the power to destroy so many but is used
20 only against a few.

21 My husband and I are well off and well
22 educated. We feel very keenly a responsibility to the
23 society which has given us so much more than others.
24 For this reason, my husband is involved in the historical
25 reconstruction of Gastown and is at present arranging
26 the presentation of a mini park to all the people of
27 Vancouver. I am a writer, with an M.A. in English, who
28 has taught in the schools and the University of B.C.
29 At present, I take care of my nine month^{old}/child and spend
30 much time in volunteer work.

1 May I say to begin with that I am not a
2 regular user of any drug, be it aspirin, alcohol,
3 nicotine or marijuana. I have smoked marijuana, but
4 have discontinued for two reasons: I don't enjoy
5 smoking and I fear a law which can diminish my social
6 effectiveness. As I am a highly motivated person, I
7 would probably benefit from the relaxing effect of this
8 mild and pleasant drug.

9 My husband, whose father died of alcoholism
10 ten years ago, enjoys smoking marijuana, as do most of
11 our friends of every age. I include in the category
12 of friendship doctors, lawyers, professors, writers,
13 artists, stockbrokers, students, businessmen, and
14 so called hippies. Under the impression, gleaned not
15 just from rumour but from sources high in our government,
16 that the police had been instructed to lay off the hun-
17 dreds of thousands of marijuana users until the completion
18 of the work of this Commission, my husband accepted
19 six cannabis plants from my sister-in-law who obtained
20 her seeds from one of the august members of Vancouver's
21 Garden Club, and cultivated them.

22 I was against it because I felt it would
23 jeopardize our freedom and felt as a parent, that we
24 should obey the law in the interest of our child. My
25 husband felt secure, because cannabis was growing all
26 over the city in the gardens of respectable and
27 productive citizens.

28 On September 4th, six RCMP officers
29 arrested both my husband and I, not for possession, which
30 we have always felt was the maximum risk, but for

1 possession for the purpose of trafficking.

2 The reasons they gave for the charge
3 were, (1) the amount, (2) because a lot of people
4 visited us at home. We live in a beautiful and happy
5 house and we are good cooks. Our friends are always
6 welcome. We deal in friendship, not in drugs. Our
7 trial will not be held until February 1st, 1971, five
8 have a chance to
months of hell until we can vindicate ourselves.

9 The experience has damaged my relation-
10 ship with my husband, has undoubtedly affected our
11 child and perhaps even the unborn child which I fear
12 will either be born in prison or without its father
13 near, and has damaged the effectiveness of our voice
14 in the community.

15 We have been sustained in part by the
16 comfort of our friends and relatives, but we are
17 angered when friends, including prosecutors and judges
18 say, "Too bad. We do it too. Rotten luck."

19 The only positive thing is that our
20 arrest has opened a chink in the wall of hypocrisy that
21 separates the rich from the poor, the established
22 citizen from the transient on welfare. We are learning
23 how others suffer. I hope it doesn't destroy us. Like
24 mothers through the ages, I assure you I will die
25 before my child is taken from me.

26 Thank you for your attention.

27 (Applause)

28 THE CHAIRMAN: I have a difficult decision
29 here trying to manage the schedule against the deadline
30 that we have to vacate the room at 5:00 and it is now a

1 quarter to four and there are many people to be heard
2 from. I think perhaps I should call on Mr. Greg Welsh of
3 Cool Aid of Victoria, and the others at the mikes I
4 hope will have an opportunity to speak after we hear
5 Mr. Welsh.

6 Thank you Mr. Butler.

7 MR. WELSH: I would like to talk a little
8 bit about what Cool Aid does in Victoria, and another
9 organization I work with, the Free Clinic in Victoria
10 and their relations to the drug scene in Victoria, and
11 I would like to talk about drug use in general there.
12 Cool Aid in Victoria started in 1968. The only connection
13 that we have with Vancouver Cool Aid is we stole their
14 name and that's all right with them because we asked.
15 Cool Aid does two main jobs in Victoria, runs a hostel
16 where we house and feed people and in the summer, the
17 3 summer months, June, July and August, we housed an
18 average of 1100 people a month, and fed 1600. Cool Aid
19 also runs a house where counselling is done, and what we
20 do there is talking to people who are in an emotional
21 crisis, some of them trying to commit suicide, some of
22 them on drug freak outs, and we get professional help
23 for people who need it and can't pay for it, and we
24 simply take time with people, take time to talk to them.
25 We have 18 doctors, 4 lawyers, 5 psychiatrist, 12
26 dentists, an optometrist and a chiropractor who all
27 volunteered their services. The Free Clinic also
28 provides legal and medical help. We have 9 doctors I
29 think and 11 lawyers and 6 nurses and 2 job counsellors
30 who show up, one of each shows up every Monday night to

1 help anybody that comes there for help. And so far we
2 have had 115 people with medical services and 75 with
3 legal problems.

4 One of the important things about the
5 Free Clinic, about Cool Aid too, is that kids who won't
6 go to their family doctor or family psychiatrist or go
7 to a hospital for help, will come to the Free Clinic and
8 they will come to Cool Aid and that is a matter of trust
9 and that is truly what Cool Aid and the Free Clinic are
10 all about. More and more people are coming to Cool Aid
11 with problems all the time, and especially drug problems.

12 From Cool Aid's start in May of 1969 with
13 the house we have on Balmoral to December of 1969, I think
14 there were 14 people or groups of people who came for
15 information on drugs and we handled 13 freak outs. So
16 far this year we have counselled people about 60 times
17 on the use of drugs and we have been faced with 49
18 freak outs. Most of these are on the soft drugs, LSD
19 and mescaline or what is commonly sold as acid.

20 I have some of the figures relating to
21 drug abuse. St. Joseph's Hospital in all of 1969, the
22 total drug abuse they were involved with was 32 cases
23 and the first half of 1970, 51 cases. At the Royal
24 Jubilee Hospital, the other hospital in Victoria also
25 reports an increase. Hepatitis is getting to be a bit of
26 a problem in Victoria, with an increasingly younger set of
27 people. So far this year there have been 58 cases of
28 people with hepatitis who said they had been using drugs.
29 And as for the drugs going around Victoria, the use of
30 marijuana is increasing in all directions, people younger

1 and older return --- are all taking it more and more.
2 We have had no problems with the use of marijuana, nobody
3 has freaked out or gone on a bad trip, that we have heard
4 about. The use of the hallucinogens is also increasing.
5 More and more people are starting to use them, although
6 some people are dropping out from the use of them, and
7 the quality is getting worse. What is commonly sold as
8 LSD and mescaline etc., on the street can be anything
9 from Drano to strychnine, anything like that. What we
10 are trying to do is find a way we can get those drugs
11 analyzed and we think we have the possibility through
12 the university. Once we can get these drugs analyzed,
13 we will be able to tell kids exactly what they are
14 taking and that may prevent some use of drugs there.
15 We get the cooperation of the RCMP so far as that when
16 we get a sample of a drug which in a lot of cases the
17 RCMP just can't do, we just have to phone the RCMP and
18 say we've got this drug, and we are taking it to the
19 lab for analysis so don't arrest us, and they will
20 agree not to. Cooperation is pretty good in Victoria.

21 There has also been an increase in the
22 amount of MDA being used, although it is not too great.
23 One of the phenomena that we have come in contact with
24 use of these is the/drugs in connection or in combination rather with
25 alcohol. The drinking age has been lowered to,
26 effectively to fourteen or twelve sometimes, and this espe-
27 the combination cially/of barbiturates and booze has caused some pretty
28 bad freak outs. We had people with convulsions as a
29 result of this. A year ago there was a lot of speed
30 being shot in Victoria. We made a movie film

1 about speed, and showed it about 171 times mostly
2 to school kids to about 5,000 kids. Right now that's
3 not too much of a problem. What is a problem is heroin
4 in Victoria. And the group of heroin users in Victoria
5 is increasing and they are getting younger. I would
6 like to say a bit about the connection there between
7 marijuana and heroin. When both these drugs, marijuana
8 and heroin are on the black market, and when somebody
9 goes as happens in Victoria, to a certain place where
10 most of the drugs are sold, just to buy marijuana, they
11 are asked quite often, and this is young kids, if they
12 want to buy heroin and more and more kids are turning
13 on to heroin. Some fourteen and fifteen year olds are
14 doing heroin in Victoria now. I think that is one of
15 the best arguments for the legalization of marijuana,
16 because once you legalize it, once we take it off the
17 black market, people, especially young people who want
18 to buy marijuana won't get into contact with the heroin
19 pushers, and I think heroin use will go down.

20 (Applause)

21 MR. WELSH: That is about all I have to
22 say.

23 THE CHAIRMAN: Dean Campbell?

24 MR. CAMPBELL: Could you give us some
25 information, Mr. Welsh, about the knowledge of heroin
26 and its addictive capacity, its other effects, by these
27 younger people who are using it for the first time?

28 MR. WELSH: I am sorry, could you repeat
29 the first part of the question?

30 MR. CAMPBELL: I am sorry. Is that better?

1 MR. WELSH: Yes.

2 MR. CAMPBELL: Could you give me some
3 information please about the type of knowledge that these
4 younger heroin users have of the drug and its effect at
5 the time of their using it first?

6 MR. WELSH: I don't know if they have too
7 much other than what is kind of in the air, you know, it
8 is addicting, you can kind of get addicted to it and you
9 can get infected with dirty needles as some of the people
10 are doing. But I think with cigarette smokers and
11 car drivers they always think, well I won't get cancer
12 or I won't get into an accident, this is the way most
13 people think and kids think this way too, I won't get
14 addicted and I won't get hepatitis from using somebody
15 elses needle.

16 MR. CAMPBELL: What do you attribute the
17 decrease in speed use to?

18 MR. WELSH: Because there is no speed in
19 town.

20 MR. CAMPBELL: If speed was available or
21 had been available during this period, what do you think
22 would have happened to the incidence of use?

23 MR. WELSH: I don't know. It's hard to
24 say. I imagine we did some deterring with the film we
25 were showing because this was a film made by kids, and
26 I am a kid, and about the kids in Victoria who were
27 using it, and were shown to kids in Victoria. It wasn't
28 something that the school did or some big corporation
29 put out, it was taken pretty well by kids and I think
30 they took it seriously. But I still think that if there

1 was a lot of speed in town, that it would be used; maybe
2 it would decrease the use in heroin, but the two drugs
3 seem pretty much alike to me.

4 MR. CAMPBELL: The population that is now
5 using or starting to use heroin, would a large proportion
6 of them have had an experience with intravenous amphi-
7 mines previously?

8 MR. WELSH: Some of them are pretty young,
9 I can't believe they have ever done anything previously,
10 you know, thirteen years old. Some of the older ones
11 I mentioned were the ones that were shooting speed last
12 year.

13 MR. CAMPBELL: But there would be a
14 population moving directly to heroin, a younger population,
15 without having used speed?

16 MR. WELSH: Yes, I can't say. Of these
17 people that have been, say, turning on like for the
18 past year where there hasn't been that much speed
19 around and they have had contact with MDA which is an
20 amphetamine and is similar to speed.

21 MR. CAMPBELL: Would they have used
22 needles previously?

23 MR. WELSH: I don't know that.

24 MR. CAMPBELL: What is the feeling generally
25 about heroin in this age group?

26 MR. WELSH: It is fun. That is the way
27 they explain it to me when I talk to them.

28 THE CHAIRMAN: What are you doing in Cool
29 Aid for young heroin users?

30 MR. WELSH: Well, at the moment --- what I

1 personally find --- I get to talk to them and I am not
2 the kind of person who can say don't do this or do this,
3 but I try to tell them ---

4 THE CHAIRMAN: You feel you can't tell
5 them not to use heroin?

6 MR. WELSH: All I can tell them is the
7 facts about heroin, I tell them that I would never use
8 it, and that is as far as I know. What we were thinking
9 of doing is as we made a film about speed last year
10 which proved effective, we think we may make a film
11 about heroin use in Victoria this year, once we get
12 more contact with young kids who are doing that, because
13 young kids who are doing it --- some of them are starting
14 to realize that they are screwed up by it, and when they
15 tell other kids, "Don't do it," then the other kids listen.
16 Also what we have been doing is that there is a house in
17 Victoria that is used by the Drug Dependency Centre as
18 a recovery house, treatment house, and they have taken
19 some groups of school kids there to talk with recovered
20 addicts and that has proved very effective in getting
21 them to do something about their own drug use.

22 DR. LEHMANN: Why do you think that the
23 speed film deterred the kids somewhat?

24 MR. WELSH: Well the facts of speed, the
25 people who had been using speed, were interviewed and
26 they told the facts about what happened to them, they
27 lost a lot of weight, ^{their} hair started to fall out, and the
28 come down was really bad. All those bad things about it
29 they brought out and I think that is the best deterrent
30 for kids. If there is any deterrent it is other kids who

1 have done the drugs telling them they have done it.

2 MISS BERTRAND: You said that you had the
3 cooperation of the RCMP for drug analysis purposes?

4 MR. WELSH: Yes.

5 MISS BERTRAND: Could you tell us if you
6 found out that the drugs as analyzed were finally what
7 they were thought to be?

8 MR. WELSH: Well, this is something we
9 are only going to be starting on a large scale once we
10 find a proper lab in Victoria. We have tried both
11 hospitals and they don't have it, so we are trying the
12 university as a last ditch. But what we have been
13 doing in the past is giving a sample of the drug directly
14 to the RCMP, and what they have to do is send it to
15 Vancouver to have it analyzed there and get the report.
16 And it takes a long time and so we haven't done that
17 much of it. But often we have found where there may
18 be, say a small quantity of LSD or mescaline or whatever it is
19 purported to be, and there is a lot of other things.

20 MR. STEIN: We have met with probably
21 half a hundred, 50 or more groups that are situated in
22 different parts of Canada somewhat structured along the
23 lines of the Victoria Cool Aid. Most of them, especially
24 those that have started in the last year or two have only
25 one focus which is to try to deal with the drug crisis
26 situation. I would be interested in your views as to
27 the significance, if any, of the kind of programme that
28 you are now apparently getting into which is going away
29 beyond the drug use per se. If you had it to do over
30 again, would you do it the same way? What kind of advice

1 would you give groups? Is this focus on drug use, is it
2 --- is it ultimately going to lead to the destruction of
3 the organization?

4 MR. WELSH: I don't think so. The simple
5 fact about working is working on such a project is when
6 you see --- when somebody comes to you and says, "help,
7 I've taken some pretty bad acid," you have to help them
8 right there, and often we have concentrated on that
9 because so much of it was coming up. Then of course when
10 the organization gets off the ground you can't do as
11 much work ^{as} when you get going and so we were concentrating
12 on the emergency situations at first, and now that we
13 are a bit more stable and well staffed, we find that we
14 can branch out and do some education as well.

15 MR. STEIN: What sort of things are you
16 into now?

17 MR. WELSH: With Cool Aid?

18 MR. STEIN: Yes.

19 MR. WELSH: Well, right now we are trying
20 to --- I will tell you one small problem we have. We
21 have got a church hall we are using for a hostel, and
22 that is only on loan to us from a very friendly church.
23 They have to use it for a Sunday School and we are kind
24 of holding up their works. That is one problem. Another
25 problem is that in the Cool Aid house itself where we
26 also do the hostelling of girls, that is where we handle
27 the crisis cases and try to do hostelling and crisis
28 handling in the same house, leads to confusion. And it
29 is sometimes very hard to deal with a freak out when
30 everyone wants to come in and crash. There is so much

1 confusion in the house. So what we are trying to do is
2 find a permanent hostel and we have our eye on a certain
3 church in Victoria that is going up for sale for \$8,000.00
4 and we have been to the City and been to the Province and
5 things right now look pretty good for us buying that
6 church, and that will be used as a permanent hostel. It
7 will be used for the Free Clinic and there is a theatre
8 that is free to put on plays and show movies, do concerts
9 and speaking engagements, anything like that, and a full
10 gymnasium for kids to use as well as some other rooms
11 for other activities. Another thing we want to start
12 is a farm to provide food for Cool Aid and to provide
13 jobs for transients in particular, and anybody else
14 that needs work. A businessman in Victoria has offered
15 us a farm for about 10% of what we will produce and
16 what we are now doing is looking at means of funding for
17 the farm and getting staff, people to run it.

18 THE CHAIRMAN: Lady at the microphone?

19 THE PUBLIC: There was something brought
20 up about alcohol and the comparison of alcohol to
21 marijuana. I have here an article of Dr. Gordon Bell,
22 president of a hospital in Toronto for addicts. He told
23 the conference the positions about different things on
24 alcohol, and he stated that people can become alcoholics
25 because of circumstances such as belonging to a heavy
26 drinking social group, or living in an outlying place with
27 a frontier drinking pattern. He also said that heavy
28 drinking impairs the imaginative thinking of some
29 executives who drink heavily at home, who suffer notice-
30 ably loss of creativity at work. I mentioned earlier

1 that from a British doctor who had done extensive work
2 on marijuana and LSD, and he said that out of 70 cases of
3 heroin that went through his hands, 69 were first mari-
4 juana smokers. Now we realize that marijuana is the
5 start of drugs of young people on other drugs, and I am
6 going to read parts of an article here by Sema Holt
7 on October 17th of last year, in which she is giving
8 an account of a girl, Libby, and she says this woman is
9 hooked on speed. She says I am ready for certain death.
10 Libby, a pretty, delicate featured Titian blond who had
11 won scholastic school marks is ready for death. The
12 twenty-one year old is killing herself and does not care.
13 Even if she did care, she does not have the strength to
14 escape from the new killer drug speed to which she is
15 addicted. Friends who share this drug have already died,
16 are dying or living like vegetables. They are all like
17 Libby, the new breed of drug addicts, speed freaks, who
18 once were only experimenters in marijuana and LSD. My
19 friend put the needle in my arm August, 1968, she said.
20 Some friend. Don't care. I know I will die if I start
21 putting the needle in my arm again but I really don't
22 care. I won't look for speed but if it is offered to
23 me I will take it, and I know if I get strung out again
24 I will die.

25 Libby is from eastern Canada. On her
26 second trip to Vancouver she began to use drugs three
27 years ago in Toronto, she ---

28 THE PUBLIC: Let's hear it for Libby,
29 let's hear it for Libby. Libby's on her second trip,
30 hurray.

1 THE PUBLIC: --- found her way to the YWCA
2 here. The Y has a crash pad mattress on the floor in a
3 large room --- for wandering destitute girls. The Y
4 provides numerous services, shelter for young women in
5 transition into a strange new community. recreational ---
6 education, case work, big sisters for about 16,000 women
7 a year. It asked for \$255,000.00 from United Appeal, it
8 received a budget of \$194,000.00. "I didn't know about the
9 Y before", said Libby. "I didn't know there were people
10 like Miss Spiller, (Miss Spiller is a skilled social worker)
11 who tells it to us as it is. If I had found the Y earlier,
12 maybe it would be different now." She came on September
13 9th, and Miss Spiller knew immediately she was extremely
14 ill. She begged her to go into a hospital, but Libby re-
15 fused. The next day feeling a little better and Libby went
16 job hunting. "Us hippies want to work and want to be
17 clean, but when we try for help, all we see is hate,
18 people hate us even though they see we don't know us.
19 When I went to Manpower they made me wait a week, they would
20 not give work. Welfare helped, but I would rather have work.
21 I have a skill as a stenographer." When she returned to
22 the Y she was still very ill, and the next day she agreed
23 to have a doctor see her there. The doctor told her the
24 symptoms would last four or five months. She cannot work
25 in that period. Another speed trip would kill her. Miss
26 Spiller told her there are two choices. Either we can get
27 you into a Narcotic Addiction Foundation where you can
28 receive ---

29 THE PUBLIC: Let's hear it for Libby, Libby.

30 (Applause)

1 THE PUBLIC: --- thanks to the Y.W.A.'s
2 advice. And going on to mention what had happened to her,
3 she said that she had met one of her friends again and he
4 was twenty-two years old. "He cranked me with speed and I
5 got stoned. He cranked for others and started them too.
6 I know. Some friend. There were beautiful people who got
7 strung out on speed." She goes on to say what this does to
8 you. "I was cranking as much as seven times a day for
9 about two weeks at a stretch, not sleeping for ten days",
10 she said. "The amphetamines are classed as stimulants and
11 actually speed up the system, thus the name "speed".) It
12 eats all your vitamins away and you have no resistance to
13 disease. If you get a cut of scrape, it will never seem to
14 heal. While I was strung out the longest period I went
15 without anything passing my lips, not even water, was five
16 days. Your throat will not let water pass through. You
17 throw up blood and everything. Then --- "

18 MISS BERTRAND: May I ask you if you would
19 be kind enough to let us have the article and perhaps
20 save some time?

21 (Applause)

22 THE PUBLIC: Yes. I also wanted to say
23 that there was an article about (stress training) is the
24 answer to drugs. Now one of these fellows, he brought
25 in religion, and religion is an answer too. I questioned
26 different young people of this hippie group on the streets
27 and they know nothing of Christianity really. They are
28 taught nothing and they just turn to drugs. But this
29 article is by a doctor in the city and he says that he
30

1 suggests that children, young people, are not exposed to
2 any stress, or learn how to handle stress, and if they
3 did they would not fall apart as soon as they have a
4 problem. Now I was a young person in the hungry 30's
5 and believe me we had problems, but I did not turn to
6 drugs, and I worked and earned enough money to go on
7 with my education. I did not look for welfare or hang
8 out.

9 THE CHAIRMAN: Thank you. I am now going
10 to have to move on to the next submission. Thank you
11 Mr. Welsh.

12 I call on Dr. Bonheim, and Staff
13 Sergeant Phinney on behalf of the City of Vancouver. Are
14 they here?

15 Is Dr. Bonheim there?

16 DR. BONHEIM: Here.

17 THE CHAIRMAN: Is Sergeant Phinney here?

18 DR. BONHEIM: Mr. Chairman, and members of
19 the Commission, and ladies and gentlemen, the brief that
20 I am going to read which is very brief, is presented on
21 behalf of the City of Vancouver. I am Dr. Bonheim,
22 the City Medical Health Officer, and this brief is not
23 intended to be a comprehensive comment on the Interim
24 Report. I will read it very briefly, and be available
25 for questions.

26 The City of Vancouver, as revealed in
27 your Interim Report, has a significant drug problem out
28 of proportion to the population of the city. The heavy
29 concentration of heroin addicts, in particular, in
30 Vancouver is well known to your Commission. The council

1 of the City of Vancouver is, therefore, pleased that all
2 aspects of the non-medical use of drugs are being
3 thoroughly reviewed by your Commission. After considera-
4 tion of your Interim Report we wish you to give serious
5 attention to the following issues:

6 The first deals with what we call the
7 comprehensive approach: in order to achieve a proper
8 perspective on the question of drug abuse full weight
9 should be given to the total problem of self abuse by all
10 harmful substances. Alcohol abuse is still the major
11 problem in this city harming all ages, including the
12 young. Arguments can be made that the full spectrum
13 of harmful substances, from drugs, alcohol, narcotics
14 and non-narcotic drugs, have some common basis for their
15 use and manifest themselves with varying intensity as
16 health and social problems. From year to year the emer-
17 gence of new harmful substances and their temporary
18 popularity attracts attention but taking the long term
19 view, all harmful substances willingly ingested by
20 persons of any age are part of the same problem. The term
21 drug in scientific minds can embrace any of these
22 substances mentioned in your report but, in the public
23 mind the term drug has a more specific meaning. It is,
24 therefore, suggested that all harmful substances taken
25 by people for their effect on the mind not be given the
26 term drug but be given a new term to refer to all
27 psychotropic drugs capable of causing relative harm. The
28 mixture of some drugs with alcohol is seen in Vancouver
29 in many persons and is clearly shown in the statistics
30 relating to the deaths of people in Vancouver from either

1 alcohol, barbiturates, or the combined effects of both.
2 I have attached a number of tables to the report which
3 illustrate the breakdown of some 237 deaths from
4 alcohol and barbiturates in 1969.

5 The second point we wanted to make related
6 to research, treatment and education: the City of
7 Vancouver supports your Interim Report in its concern for
8 adequate research, adequate treatment facilities and
9 adequate educational programmes. It is likely to become
10 very expensive to operate successful activities in these
11 three major areas.

12 The City of Vancouver proposes that the
13 Commission seriously consider the dual benefits of a harm-
14 ful substances tax to be applied to all items ingested
15 by people for their psychotropic effect which are still
16 permitted to be openly sold. The first benefit of this
17 proposal is that the public would be alerted to the
18 potential harm of the product purchased and would be
19 reminded of this at the time of purchase. The second
20 value of this would be to provide a major source of
21 revenue, on the principle that the user of these substances
22 would contribute financially towards the major cost of
23 research, treatment and education related to abuse. This
24 tax should, on this basis, apply initially to cigarettes,
25 alcohol, bay rum and any other marketed product which is
26 scientifically proven to be harmful to some users and
27 which, in fact, by habit is known to be used by the
28 public for its effect on the mind.

29 The expenditure for research, treatment and
30 educational programmes should be concentrated on the areas

1 of the country having the greatest problems. The tax
2 should be collected federally and should be varied year
3 to year on the recommendation of a Federal-Provincial
4 Commission reporting to Parliament. Expenditures from
5 this tax would be reserved for research, treatment and
6 education programmes only and not ever be channeled to
7 general revenue.

8 The establishment of research centres
9 in areas plagued with a major abuse problem is logical
10 and would have the additional benefit of making available
11 in such communities for educational purposes persons who
12 are extremely well informed.

13 We are in support of recommendations that
14 advocate authoritative inter-disciplinary professional
15 and citizen committees which could gain the respect of
16 all members of the community and could become the
17 backbone of community education programmes.

18 The third issue is a little more complicated
19 and it relates to the examination of health services in
20 Canada. All existing official health programmes in
21 Canada are categorical, i.e. they provide for specific
22 services. Acute care hospitals are paid for by Federal-
23 Provincial funds, but not all chronic care hospitals or
24 home care programmes. Medicare provides for physician
25 services, but not the full range of paramedical services,
26 such as dentistry, etc. Specific support for public
27 health and health education programmes in Canada has been
28 almost totally abandoned within the past five years.
29 It is interesting that the percentage of the health
30 dollar that has gone to research, professional training

1 and preventive programmes started out in 1955 at a meager
2 7% and it is now down to 5%. A very competent programme
3 has been abandoned at a time when we feel that it has
4 been needed. This is a situation that has led to be
5 very keenly felt in Vancouver. Our excessively large
6 population of alcoholics, because of exclusions built
7 into these categorical programmes, have not received
8 adequate health care. The City of Vancouver has, with
9 enormous difficulty, been trying to provide for an
10 alcohol hospital designed for the acute management of
11 alcoholics. No plan for this population fits very well
12 the eligibility and financial provisions of existing
13 Federal-Provincial agreements.

14 Over the summer of 1970, thousands of
15 transient young people came to British Columbia, and it
16 was not possible to make provision under British
17 Columbia's Medicare arrangements with Ottawa, for any
18 health service because of the non-eligibility of 90% of
19 the transient youths. It is no secret that this popula-
20 tion was in greatest need of services for the acute
21 management of adverse drug reactions.

22 The system of health care in Canada appears,
23 therefore, uniquely deficient in providing for some
24 populations in apparent greatest need of emergency health
25 services. This has occurred because of the categorical
26 approach to our health service systems that has so many
27 built-in exclusions depriving specific populations in
28 greatest need of service that must be offered in a flexible,
29 imaginative way. We ask the Commission, therefore, to
30 examine our emerging health service system and also to

1 enquire why, at this time of greatest need, the Federal
2 Government has abandoned direct support to preventive
3 public health programmes and has removed support from a
4 Federally operated health education publications
5 service that enjoyed a high reputation. These structures
6 are needed much more now at a time when they have become
7 mere memories. The need for a more comprehensive and
8 flexible health service in Canada has been revealed by
9 these deficiencies. Failing this, the deficiencies noted
10 must be met out of supplementary planning and financing,
11 as suggested in the previous tax proposal.

12 At this time, the City of Vancouver does
13 not wish to enter into the discussion of whether or not
14 some drugs should be legalized, but in recognizing that
15 legal sanctions against both trafficking and possession
16 are likely to be retained, the City wishes to ask the
17 Commission to consider more imaginative legal sanctions.
18 It is conceded that imprisonment of some young people
19 may indeed be exceedingly harmful to the futures of many
20 young persons, but the suggestion in the Interim Report
21 that fines be substitutes for criminal records is felt
22 to be equally unproductive. Fines are invariably a mere
23 nuisance to the affluent and work a hardship on the less
24 affluent. The Commission recommended civil processes
25 to collect fines but, for many persons, this in itself
26 can be both expensive and ultimately useless. The City
27 wishes the Commission to consider more imaginative
28 penalties which would have some service value to the
29 community or educational value to the individual. Perhaps
30 those found guilty should be required to provide a

1 certain amount of service in treatment centres for drug
2 crises, or in a jail or a hospital for persons ill from
3 the effects of alcohol, barbiturates, or other harmful
4 substances.

5 Thank you.

6 THE CHAIRMAN: Thank you.

7 Lady at the microphone?

8 THE PUBLIC: Yes. I got up originally to
9 speak to the man from, I think, the League of Canadian
10 Rights, and his ideas. The thing I've noticed about
11 people's comments both pro and con on the use of
12 marijuana is that they divorce it completely for its
13 social context. I have heard nothing said about why
14 young people use marijuana. I think one of the things
15 that I found is that they have become rather disillusioned
16 with their parents' values. A lot of kids I know use it
17 because they come from an unhappy home which is a bit
18 simplistic, I have to admit. I feel that the country now
19 is in a very bad state. It is economically depressed.
20 The lady that grew up in the hungry 30's, I would like
21 to point out that a lot of us grew up in the hungry 70's,
22 I am out of work and I would really like to have a job.
23 My husband has his B.A. in psychology and was told flatly
24 by the Manpower that the job situation is hopeless.
25 There is no work for him of any sort. We aren't lazy
26 people; we don't want to go on welfare or on unemployment.
27 We would like to be useful both to the people we consider
28 our friends and to the community at large, but we find
29 that we are stopped, stopped by the set up as things are.
30 I see people here suggesting a return to religion, a sort

1 of old time religion as the answer. I think it is terribly
2 simplistic, and I think is going to take a lot of people
3 off the beaten track to look for answers solving today's
4 problems because they think they can go out and groove
5 on the mystical whatever, and not be concerned with their
6 fellow man. I realize I am not saying much in answering
7 what is going on today, but I think people should be
8 taking a harder look at society around them and not
9 divorce the problem, the drug problem from things that
10 are --- the other things that are going on.

11 That is all I have to say.

12 (Applause)

13 THE PUBLIC: I am presently employed, I
14 had a job about two months ago and I made enough money
15 to make a film which I am doing now. I hope to be
16 working next month in Montreal which is a laugh, but I
17 will try. My parents --- my mother does not indulge in
18 alcohol, however, she relies heavily on drugs to calm
19 her down. My father is a successful --- she is a house-
20 wife --- my father is a successful stock promoter. He
21 drinks very heavily, and well ---

22 "French"

23
24 The LeDain Commission, gentlemen and Madam;
25 firstly, congratulations on your dedication and courage.
26 I am quite concerned about the spread of use of drugs in our
27 society. I myself have used drugs, I was introduced to
28 marijuana and hashish four years ago when in my graduating
29 year in high school. At that time the use of drugs was
30 limited to

1 less than 2% of the school population. By the end of my
2 graduating year the figure had jumped to about 15% of
3 the students. In first year university, at the University
4 of British Columbia, nearly 50% of the students I had
5 met had smoked marijuana. These students were not all
6 from the humanities? Many of the science students I
7 had met used the drugs. 99% of all the ^{students and} non-students I
8 met or was associated with at that time used alcohol
9 or had used it. By the second year, which was last fall,
10 69, in my second year nearly 75% of the people I saw
11 socially were "experimenting" by using either marijuana
12 or hashish. Many were also interested in or had used
13 what were referred to as chemicals, that is, very
14 specifically hallucinogenic drugs. These included
15 LSD, mescaline and psilocybin. It did not include the
16 hard drugs such as cocaine, speed, heroin or the synthetics
17 such as MDA or STP. At this time I became interested
18 and experimented with mescaline. The experience was
19 totally good. There was no loss of control, physical
20 or mental faculties. Experience that was transcendental
21 and religious, my way of casting off my rather wary view
22 of atheism. I became aware of my conscious desires,
23 the finer complex beauty of nature opened up to me for
24 the first time. It seems necessary for the Inquiry to
25 bring to public life a variety of drug use and experience.
26 From personal contact I have found non-drug users to
27 mistakenly group drugs together. This is probably the
28 result of the widespread use of alcohol in our society.
29 You can drink many drinks of liquor but you are still
30 involving alcohol. There is a world of difference between

1 beer and bourbon but there is a universe of difference
2 between a marijuana cigarette and an overdose of heroin.
3 Grouping these two under the same heading of narcotics is
4 misleading and shows emotional and non-objective thinking.
5 I would like to bring up the question of law enforcement in
6 regards to drug usage. It seems to me that there is
7 gross injustice in the enforcement of the law, aside
8 from any question of the morality or the effectiveness
9 of these drug laws, there is a marked inconsistency in
10 their application. Although the use of drugs crosses social
11 and financial and age strata, the segment of the population
12 charged with drug use tends to come mainly from the poor,
13 unemployed and young. In a free and just society that
14 accomplishes free speech, free thought and open public
15 inquiries, there is no place for the rampant enforcement
16 of the law. Everyone is equal before the law or there is
17 no true law. There is no equal application of the law in
18 Vancouver today. How often have our civic leaders and
19 business leaders been asked to produce identification
20 upon request by the police, not for traffic violations or in
21 an extraordinary situation, in everyday situations on the
22 street, in the park, at night in parked cars. How many
23 people over thirty in Vancouver have been searched "on
24 suspicion of drugs"? Many young people have. The deciding
25 factor is often length of hair or style of dress, and
26 the officers pretend to be not aware of the widespread use
27 of drugs by young, clean-cut young lawyers, doctors and
28 hip capitalists. Wealth is another distinguishing
29 factor in the application of the law. In spite of
30 drug use, in both of these areas there is probably

a circuit of police in the Kitsilano area and a crying need for them in the British properties. Granted, intimidation is not limited to drug use. I was recently pulled over, called to identify myself, produce my driver's license, and auto registration. This is standard procedure for everyone involved in a traffic offence, however, I had not been speeding. The officer told me I had been pulled over as a suspect in a car theft. "Why?" I asked. "Because you fit the description of a thief." This might be believed, but however, at the time I was pulled over was Sunday morning and I was driving my mother and sisters home from church in my family Chrysler, 1967 station wagon. The police must have been looking for some very sophisticated thieves. I wish to finally commend you for your work so far and present the following for your consideration: I fully endorse and would like to see, most importantly, clear objective analysis of the effect of drugs on the body and upon society. Drugs included would be alcohol and nicotine. Secondly, the east distribution and availability of the resulting information. Many networks are open in Canada to reach a wide diversity of people. Information could be distributed by print by the Queen's Printer on film through the services of the National Film Board and on television and radio by the CBC. There is no problem about the dissemination of this information. Thirdly, a moratorium on marijuana and hashish prosecutions until facts can be examined and used in exercising a free and informed choice, and also on the basis of Governmental laws, replacing the archaic statutes on the books today. The LeDain Commission should continue to throw a calm objective

1 light on the subject and clearly separate it from other
2 social "problems". Violence and drug taking are
3 two different worlds, deterioration of respect for laws
4 dealing with drugs leads to lack of faith for laws in
5 other matters. We in Canada do not want the muddled
6 logic of some of our southern friends who see the long
7 hair as a perverted drug ingesting atheistic, unpatriotic,
8 non-contributing individual. In terms of the law let
9 us keep the issues separate, and well defined. For
10 those who ask themselves why do young people take drugs,
11 let me suggest the following books: The Teaching of
12 Don Juan and the (inaudible) way of Life, an anthropologi-
13 cal study by a U.C.L.A. student, Carlos (Castanaga). Under-
14 standing Media by Marshal McLuhan who has quoted ---
15 well I can quote on CBC radio, he said in the times of
16 crisis the young have taken to drugs like ducks to water,
17 so he may be --- he said he was objective. The Hindu
18 Scriptures and also the Holy Bible, and finally Theodore
19 Roosevelt's The Making of a Counter Culture. This last
20 one is quite worthwhile reading. The films 2001 and Woodstock
21 appeal to many drug taking youths on seeing them sympathetic,
22 they may give non-drug users a suggestion as to the
23 profound social and psychological changes young people
24 are a part of. Better yet, don't interrogate but ask
25 your son and daughter. Peace.

26 (Applause)

27 MR. CAMPBELL: Dr. Bonheim, I haven't had
28 a chance to look over carefully your statistics, but I
29 have some questions. The first table shows the change
30 in incidence of deaths from barbiturates and alcohol

1 '67 to '70. Should we interpret these to be deaths
2 where only barbiturates were found in the/autopsy, or
3 might there have been barbiturate and alcohol?

4 DR. BONHEIM: This is broken down more
5 fully in the other tables. Now this was just to establish
6 a trend. We have these deaths classified as solely
7 barbiturate, solely alcohol and mixed, but we just
8 extracted on that first table enough information
9 from years back to see just what the trend was, but the
10 detailed analysis of the mixture is shown in the subse-
11 quent tables.

12 MR. CAMPBELL: But each primary classifi-
13 cation has been either alcohol or barbiturate?

14 DR. BONHEIM: That's right.

15 MR. CAMPBELL: The other tables continue
16 to deal with alcohol and barbiturates, not with other
17 drugs?

18 DR. BONHEIM: That is right.

19 MR. CAMPBELL: Have you got --- let's
20 deal with the barbiturate ones for a moment. Is it
21 common to find a number of other drugs present even at
22 low levels in the body on autopsy with the barbiturate
23 poisoning?

24 DR. BONHEIM: This data was made from an
25 analysis of death certificates only.

26 MR. CAMPBELL: I see.

27 DR. BONHEIM: So I couldn't answer that
28 question.

29 MR. CAMPBELL: What I was trying to
30 separate out is the fairly clear barbiturate suicide from

1 the other.

2 DR. BONHEIM: This was a mixture of
3 barbiturate accidental death and barbiturate suicide
4 where the suicide could not be proven to be suicide.

5 MR. CAMPBELL: I see.

6 DR. BONHEIM: So we know that this happens.
7 We have no proof of suicide so from findings we just have
8 to put as the cause of death barbiturate poisoning.

9 MR. CAMPBELL: What about in the case of
10 heroin deaths, have you any statistics you^{can}/let us have?

11 DR. BONEHIM: These statistics were not
12 prepared for this hearing, they were prepared primarily
13 to illustrate the distribution of alcohol and barbiturate
14 deaths, both by age and by geographical concentration
15 over the city. Now we have a statistician who could
16 go back over all the individual death certificates and
17 perhaps extract some of this but he spent many days
18 getting this far.

19 MR. CAMPBELL: It would be interesting to
20 see, they find a great number of drugs in the body
21 increasingly.

22 DR. BONHEIM: We know this pattern is
23 shifting from alcohol to barbiturates to other drugs,
24 has also been reported among school children. This is
25 the point, the basis of my first point that really we
26 are not looking at in any sense an entity cause of drug
27 abuse. We are looking at a panorama that is shifting
28 constantly. A person is shifting from one to another
29 depending on what is available. We can pretty well
30 predict, given \$75.00 to a person who is on skid row

1 and is an alcoholic, that he will start out with Scotch
2 and then he will go to wine and then he will wind up on
3 bay rum, and with a few bits of barbiturates thrown in
4 depending on how far he wants the bay rum to go or the
5 wine. It is a really mixed bag, and to my way of
6 thinking it is a part of the self abuse spectrum. I
7 don't think personally it matters which ingredient is
8 found when. It is a continuum that is in itself quite
9 serious.

10 MR. CAMPBELL: What would be available
11 on calculated deaths? I am thinking of (inaudible)
12 of barbiturates and a person dies in his own vomit or
13 dies from exposure, the drug is not the primary direct
14 cause of death. Would this be impossible to pick out?

15 DR. BONHEIM? It would be very difficult
16 without setting up very elaborate machinery to make
17 sure we have an autopsy on every suspected death, and
18 to be looking for a wide range of substances in each of
19 these autopsies. We are at the mercy of named cause of
20 death by the physician who is in possession perhaps of
21 not the full history of the person or the full facts.
22 It is difficult to really pin this down precisely, but
23 I would think that some prospective study along these
24 lines would be quite revealing. It would be good only
25 for that particular year and that particular location.

26 MR. CAMPBELL: Again, something is being
27 done in some other jurisdictions. It is rather valuable
28 data.

29 With barbiturates, are you seeing here
30 oral barbiturate use or ---

1 MR. BONHEIM: On total in the skid row area
2 oral
3 it is mostly barbiturate use, but I have heard of other
4 methods of ingestion but the oralis being readily sort
5 of mixed with the alcohol.

6 MR. CAMPBELL: I see, yes. And there is no
7 general trend then towards barbiturate injection?

8 DR. BONHEIM: I could not really be
9 satisfied on that. I have not got specific enough
10 information on that point to know whether it is the trend
11 or not.

12 MR. CAMPBELL: Yes.

13 MISS BERTRAND: On Page 2 of your brief,
14 you suggest, I think you advocate that you reserve the
15 term drug for some more specific things.

16 DR. BONHEIM: My point was that although
17 you and I would probably agree that drug embraces alcohol
18 and nicotine and tobacco and so forth, but this is not
19 common usage in drug education in the public mind. If we
20 get down to programming it is going to mean something
21 pretty specific. It is going to relate to other things
22 but not really altogether the alcohol and other ingredients
23 of the whole cocktail.

24 MISS BERTRAND: And do you think that this
25 calling it a specific name, the psychotropic drugs, is
26 of any help in public education, or ---

27 DR. BONHEIM: I think it is of help because
28 you are going to get to the position, and we have already
29 got to that position in our observations where the
30 popularity of something is going to shift from glue to
31 beer, to barbiturates to cocktails. I think the educational

1 programme that evolves should be capable of dealing
2 with the whole spectrum, and I think we need a term
3 that in the public mind will cover the whole spectrum.

4 MR. STEIN: Beyond your comments about
5 withdrawal or need for some kind of detoxification centre,
6 do you have any views about what constitutes treatment
7 of use, be it alcohol or heroin or marijuana? You have
8 made some comments about imaginative criminal penalties
9 which one might consider. What kind of programmes do
10 you suggest for users?

11 DR. BONHEIM: I do not think we are
12 (inaudible) really on this question of treatment,
13 because the early treatment, and my remarks were really
14 specifically related to the early treatment although it
15 may not be clear, of the acutely intoxicated person who
16 is in a vulnerable situation. In Vancouver, we have
17 been trying to get an alcohol hospital going that is
18 really geared to the one to three day early management
19 of the alcoholic, and this ---

20 MR. STEIN: Is that synonymous with
21 detoxifying?

22 DR. BONHEIM: Yes. Mind you the full
23 process of a medical reversal of the disturbed physiology
24 of the alcoholic is not going to be completed in a three
25 day stand, but the critical period of life saving
26 supervision and treatment is often seen in the first
27 hours and certainly in the first day or two. At the
28 present time, these persons are taken to the city jail
29 and you have all heard of the drug tank. The whole
30 problem is not felt to be right because these persons

1 cannot be carefully observed. The treatment is not
2 treatment, it is just a matter of sleeping it off.
3 This is not acceptable.

4 MR. STEIN: What I'm trying to get and
5 maybe you answered, but in consideration to this, but
6 whether you have any views of what would constitute
7 programmes to deal with persons who are users of drugs.
8 Do you think that this is something, beyond the idea of
9 helping them if they wish to withdraw from the toxic
10 effects, what more can one do?

11 DR. BONHEIM: You are getting into the
12 whole area of rehabilitation treatment programme. Once
13 you discard the acute management of the person in acute
14 distress which I think can be medically managed as an
15 emergency, then you get into long term rehabilitation
16 programmes and this is an area that I am no expert at, but
17 other people --- I am aware of some of the programmes
18 that other people are working with, but these are not
19 overwhelmingly successful. I don't have any unique
20 views on this.

21 THE CHAIRMAN: Thank you.

22 Lady at the microphone?

23 THE PUBLIC: Mr. Chairman, Commissioners,
24 ladies and gentlemen. It has taken me the full day to
25 get the courage as a parent to stand here before you and
26 try to bring some positive direction to what has been
27 going on. I hope it will be considered positive. I have
28 seen some overwhelming things happen at this Commission.
29 I sat at two Commissions in Canada, in other provinces
30 on other subjects, and I have also sat on the

1 Commission on education many years ago, and I have never
2 experienced or felt quite the atmosphere or the attitude
3 that have been put forth today. Sometimes they bordered
4 upon discrimination, sometimes intolerance, sometimes
5 pure ignorance, sometimes a tearing down of standards
6 of very important segments of our society, parents against
7 children, children against parents, everyone against
8 Establishment, and I am wondering whether we had better
9 not be sure that in your findings, unlike your interim
10 brief which I have read very carefully, we do not correct
11 some of the misconceptions that have actually been
12 experienced at this Commission. I feel that the interim
13 brief only gave to some extent more fuel for fire for
14 individuals who do not want to suffer the consequences
15 of their actions. That is the Golden Rule, the one
16 that regardless of whether we are believers in Jesus
17 Christ and his love, the one regardless of our religious
18 attitudes or the manner in which we try to find the way
19 out is the simplest and the most widely understood: "Do
20 unto others as you would have them do unto you."

21 The Canadian Home and School two years ago,
22 in their feeling for the welfare of children, I think in
23 their National Resolution which more or less embodied the
24 that
25 idea / marijuana would be taken from a situation in
26 the Narcotics Act and put under the Food and Drug Act
27 where our young people would not have to suffer the
28 consequences of a criminal record, was done with
29 well and good intent. But, I am wondering whether that was
30 not a comfortable pew for parents, whether we should not
really re-open this issue and look at it again. When

1 I hear one of my own who apparently has worked in parent
2 teacher work for ten years, say "Look, here I am fellows,
3 it's fun, my family's on it" and somehow the fact has
4 escaped the people she has been working with. I want to
5 put some positive direction as I leave here today. My
6 family waits at home for their dinner and I know that
7 I'm going to have some tall explaining to do I'm afraid.
8 The tall man who was high who came up to the microphone
9 some time ago, you know, I mean, he said he was the
10 heavy here. But I'm not high at all, and I think really
11 that I am the heavy, because, you know, in my day ---
12 a hippie, it has taken me a long time to adjust to what
13 a hippie was because in my day when you were a hippie
14 you were just a little bit out of proportion from over
15 indulging in things that you shouldn't be, in areas
16 that were quite noticeable, and in my simplification
17 as a parent I guess it has taken me a long time to really
18 come down to how serious that term in regard to our
19 people whether they are young or old, that connotation
20 is becoming. When you went to get pot, it was to put
21 food in and I don't think that some of the people in
22 Canada have still realized what the full connotations
23 and meaning of the new dialogue is. The positive action
24 that I want to bring before you concerns Item C of
25 your terms of reference. You have ways and means by
26 which the Federal Government can act. You have them at
27 your fingertips. The Family Allowance cheques are one
28 way. They go to our young parents. Why not carry the
29 message when you make a decision? Why not carry the
30 message now in those cheques? You are sending them out

1 anyway. It is costing the taxpayer money. Our six-
2 teen year olds are getting extended allowances in
3 high school. Why not carry to them a message, curricular
4 committees. We have been in need of a Federal Board of
5 Education, a curricular committee for a long, long time,
6 for many years in Canada. Not only on this subject, but
7 in other areas. I attended a discussion not too long
8 ago, I think it must have been about six or seven months
9 where on the Provincial level, a member, an M.L.A. was
10 there and I put forward the suggestion that really what
11 we need in our society across this country and in our
12 province is, if we are going to have drug curriculum
13 committees, if an area where layman regardless of how
14 unsophisticated academically we may think we are, might
15 sit to be able to offer in a sphere that we do not get
16 an opportunity to offer, honestly and directly what we
17 understand about the problems of our children and our young
18 people. If you are going to set up drug curriculum,
19 then encourage a way in which children or a child of
20 six or seven or eight or whatever he might be, at his
21 earliest understanding, his parents might sit down
22 along side of him and start the dialogue there. If we
23 really want to save our society, our way of life, demo-
24 cracy, no matter how we approach it, gentlemen we are
25 going to have to work at it together.

26 Thank you.

27 THE CHAIRMAN: Thank you.

28 Gentleman at the microphone?

29 THE PUBLIC: Is Mr. Butler here?

30 THE CHAIRMAN: Apparently not.

1 THE PUBLIC: I was going to suggest to
2 him that he make sure that there be youth representation
3 on the Board of his League for Human Rights.

4 The man that was standing in line behind
5 me had to leave but he was very eager to say something
6 and he asked me to say it for him. It was basically
7 "Never cry wolf". He said that when a speaker at a
8 Commission of this type says that marijuana has all kinds
9 of horrible and frightening effects, it destroys the
10 credibility of those speakers, and that we are not
11 going to believe them when they give a legitimate message
12 about the dangers of speed or heroin. That was his
13 message.

14 I have a statement to read on behalf of
15 the Board of Directors of the Canadian Mental Health
16 Association. I am the vice president of that Association.

17 There is a diversity of opinion within
18 our Association concerning the non-medical use of drugs.
19 However, we are all in agreement that maintaining
20 communication between the conflicting groups is as
21 important as improving legislation.

22 In our view, the hearings of this
23 Commission have provided an invaluable opportunity for
24 people to discuss and to "let off steam". How will this
25 atmosphere of openness and optimistic hope for change
26 be continued after the Commission completes its mandate?

27 We urge that the Federal Government increase
28 its support, both legislative and financial, through the
29 Vanier Institute of the Family, through local family and
30 neighbourhood services associations, and through the

1 innovative youth oriented services, to any programmes
2 which encourage rational discussion and reduction of
3 hostility between parents and children, straight and cool.

4 The issue of drugs is one of the greatest
5 divisive forces in Canada. But it need not be. Providing
6 a means of communication on this issue could well be a
7 starting point for the democratic solution of other
8 social problems.

9 Let's give it a try.

10 THE CHAIRMAN: Thank you.

11 Thank you, Dr. Bonheim.

12 I think I should call the next submission.

13 Would you just excuse me for a minute. We
14 have only got ten minutes before we have to vacate this
15 room and there is one more scheduled brief, Mrs. Rogers,
16 Vancouver District Woman's Christian Temperance Union.

17 Would you like to be seated at the table,
18 Mrs. Rogers? I don't know whether you can come back
19 tonight.

20 THE PUBLIC: People should be satisfied
21 with the pure air. They are going against nature in a
22 foul way. It shows their intention where men kiss
23 women and they kiss them with love, but when they breath
24 the fresh air and they mix it with foul smoke and that's
25 why they are afraid of being exterminated. The Indians
26 did the same thing and the white man came and nearly
27 exterminated them, breathing in that foul weed, tobacco
28 smoke. They have no respect for nature. Nature is
29 supreme and rules.

30 THE PUBLIC: Do you drink, madam?

1 THE PUBLIC: It is the worst insult to
2 nature to say that foul smoke is better than the fresh
3 air for their contentment and happiness. They should be
4 content with nature as it is because nature makes them
5 healthy.

6 (Applause)

7 THE PUBLIC: But by going with nature they
8 get their health and strength.

9 THE PUBLIC: I think it should be pointed
10 out that marijuana grows wild in nature, madam.

11 THE CHAIRMAN: Mrs. Rogers?

12 MRS. ROGERS: Mr. Chairman, and members of
13 the Commission ---

14 THE PUBLIC: You are not to breath smoke.
15 Fumes and smoke are unhealthy.

16 THE PUBLIC: You don't have to smoke it,
17 you can eat it.

18 THE PUBLIC: They are supposed to be strong with nature
19 and not trying to be strong in a foreign way, going
20 against nature.

21 THE CHAIRMAN: It is all right.

22 Thank you. Madam, could we share the
23 last five minutes? Mrs. Rogers has only five minutes
24 left.

25 THE PUBLIC: (Inaudible)

26 THE CHAIRMAN: Mrs. Rogers, would you like
27 to go on?

28 MRS. ROGERS: Thank you, Mr. Chairman and
29 members of the Commission. I will try and summarize
30 this as briefly as I can, but the Woman's Christian

1 Temperance Union of the Vancouver district is very
2 concerned of course about the drug problem in B.C.
3 And we have been studying this for a great number of
4 years and it is steadily progressing and deteriorating.
5 And we could go on for hours and I could quote eminent
6 medical sources who claim that marijuana is harmful,
7 and I have all the information here. I have extra
8 copies if any of you are interested. But I would like
9 to point out this: that eminent medical men report
10 that genetic damage may be caused by alcohol. And here
11 is a very recent study that was in the United States'
12 Reader's Digest. It is called Alcohol and Your Brain.
13 This research was done by a Dr. Knisely and his two
14 associates. I have one or two extra copies of this.
15 And he claims that alcohol thickens the blood cells which
16 slows down the circulation in the very fine little
17 capillaries in the circulatory system. Dr. Vincent de
18 Paul Lynch, one of the Nation's top research pharmacolo-
19 gists reports that use of marijuana could result in
20 genetic damage. Dr. Lynch is preparing to publish a
21 fully documented study. This was a news item in Listen
22 Magazine which is an excellent article and it is
23 published every month. It contains recent news items,
24 feature articles, splendid editorials. Listen Magazine.
25 I highly recommend it.

26 In order to reduce the human misery
27 caused by alcohol and other drugs we would urge you to
28 take action to prevent (1) the abuse and neglect of
29 children of alcoholic and hippie parents. (2) The
30 physical, mental and personality deterioration of

1 increasing numbers of alcoholics, problem drinkers and
2 drug users. (3) Crime and vice. (4) Home, industrial,
3 and transportation deaths and injury. (5) Absenteeism.
4 (6) The smuggling of drugs. (7) Increasing taxes,
5 prices and insurance rates.

6 And I have another article here which is
7 an expose on the alcoholic problems, a report to the
8 nation. And according to this article no members of
9 abstinent societies were permitted to voice their
10 opinion. This just shows you what kind of a biased
11 report it was and this cost the people of the United
12 States over one million dollars. They were not interested
13 in arriving at the truth, were they?

14 I think young people that you and I would
15 be perfectly willing to accept the truth. Let us strive
16 to find the truth. Dr. Bonheim has mentioned that there
17 is a lack of research in Canada, and that the Canadian
18 Medical Association claimed a while back that this is
19 so; that a sick cow receives more attention than children
20 of Canadians. There is a need for research. Let's get
21 the facts; let's get the truth. And then we --- there
22 won't be this dissension and confusion.

23 With respect to marijuana, Dr. Halliday
24 wrote an excellent article "Marijuana, Delight or Danger".
25 He concludes by saying, "The only sensible approach to
26 this drug then is to avoid it. Leave it alone and
27 encourage your friends to do the same. Don't go to pot".
28 The Vancouver District Woman's Christian Temperance Union
29 endorses Dr. Halliday's conclusions wholeheartedly.

30 Yours very sincerly, Janetta Rogers, S.T.I.,

1 Superintendent.

2 Thank you.

3 THE CHAIRMAN: Thank you, Mrs. Rogers.

4 Gentleman at the microphone?

5 THE PUBLIC: Chairman of the Commission,
6 ladies and gentlemen. I am not here to criticize or
7 condemn anybody but I am here as an observer, because
8 personally I was involved myself with rehabilitation of
9 drug addicts in the Far East, but I couldn't content
10 myself with the argument produced that there is no
11 side effect by marijuana. The side effect depends on
12 two factors: first is the tolerance and secondly the
13 resistance. If it had not produced any side effect,
14 among gentlemen that have given their evidence, this
15 doesn't mean that it doesn't produce ill effects on
16 others. I am giving you ^a very accurate picture on the
17 experiments made on addicts regarding tolerance and
18 resistance. Where the resistance and tolerance is
19 great, the side effects will be less or nothing. But
20 where the tolerance and resistance is low, you will find
21 always side effects. It has also been found out that the
22 tolerance increases. When the tolerance increases,
23 small doses do not satisfy the desire of the person who
24 takes narcotic drugs, and he might switch on to something
25 which is stronger. Last night I was in a seminar in
26 West Vancouver and I had the personal testimony of a drug
27 addict, he himself told me that he was on grass. But
28 after some time it did not satisfy him, and he went on
29 to something stronger. I am not condemning anybody --- I
30 am giving you the actual picture. More than 10,000 addicts

1 have gone through my hands and I have studied the
2 resistance and tolerance of drugs on all these cases,
3 and we have found out that those who have greater
4 tolerance, they never remain on one type of narcotic
5 addiction, but they switch on to something else. And
6 this is what I want to say. I am not criticizing, but
7 I am giving you the actual picture based on experimenta-
8 tions and facts.

9 Now I go on to another gentleman who was
10 here who camouflaged his humanity but I still give him the
11 human values which is my duty. He said whatever is pro-
12 duced and created in this world is useful. It is perfectly
13 true. But nature has also advised us that there is
14 propriety and impropriety of (location). When the grass
15 is dried up we pile it up in the form of hay, but we never
16 build strong bridges on it. We use something else. What
17 we use that grass for is feeding animals. While using
18 drugs, we must observe propriety and impropriety of loca-
19 tion. Advantages and disadvantages must be weighed. It is
20 not a strict rule that this should be used any time and
21 everywhere on all occasions. There is propriety and im-
22 propriety of occasion. Now one thing more, legalization
23 and illegalization of something, it is a preventive
24 method. It doesn't deal with the whole situation.
25 It is only preventive. Laws were passed in the legis-
26 lative assemblies of other countries to make stricter
27 penalties on drug users, but it was effective to
28 some extent from a preventive point of view. Before the
29 war, opium was free to be used by anybody anywhere, any-
30 time in China, but what was the effect? We have studied
and everybody knows. Legalization must be

1 taken into consideration when we have to take time into
2 consideration.

3 That's what I wanted to say.

4 THE PUBLIC: (Inaudible)

5 THE CHAIRMAN: Our time is up I'm afraid,
6 but the lady at the microphone, would you like to have
7 the last word?

8 THE PUBLIC: Yes, I was wondering Mr.
9 Chairman and ladies and gentlemen, if anybody has looked
10 at the background of the impact all over the world of
11 this drug problem. The other day I came across something
12 that came from the communists that is entitled Brainwashing,
13 a synthesis of the communist textbook on psychopolitics,
14 Page 23 and it said, which has been sticking in my mind
15 ever since, by making readily available drugs of various
16 kinds, by giving the teenager alcohol, by praising
17 his badness, by stimulating him with sex literature, it
18 could only effectively kill the national cry of vigilance
19 of one generation rebuilt and one country.

20 Thank you.

21 THE PUBLIC: You should find your content-
22 ment in Jesus Christ.

23 THE CHAIRMAN: Thank you. I now adjourn
24 the hearing in 8:00 o'clock in the Social Suite/^{West}which is
25 on the first floor above us. Thank you.

26 ---Upon adjourning at 5:05 p.m.
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COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

November 20, 1970
Vancouver Hotel

VANCOUVER, B.C.

Evening Session

COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

BEFORE:

Gerald LeDain,	Chairman,
Marie-Andree Bertrand,	Member,
Ian Campbell,	Member,
H. E. Lehmann, M.D.,	Member,
J. Peter Stein,	Member,
James, J. Moore,	Executive Secretary.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe

November 20, 1970
Vancouver Hotel

VANCOUVER, B.C.

Evening Session

1 ---Upon resuming at 8:00 p.m.

2 THE CHAIRMAN: Ladies and gentlemen, we
3 will resume our hearing now, and I will call upon Mrs.
4 Lois Campbell, past president of the Jaycettes; is that
5 the correct pronunciation, Jaycettes of Vancouver?

6 Mrs. Campbell?

7 MRS. CAMPBELL: Mr. LeDain and Commi-
8 ssionaires, I represent the Vancouver Jaycettes. The
9 use and abuse of drugs is a complex subject and we do
10 not feel qualified to offer solutions. However, after
11 reading and discussing the Interim Report we are con-
12 cerned. We feel our contribution to the Commission must
13 be to acquaint you with the following questions which
14 caused our concern:

15 1. Information coming from countries which have major
16 drug problems or are a source of drugs indicates they
17 are violently opposed to legalization of drugs for social
18 use. What degree of importance is being attached by the
19 Commission to the attitude of these countries?

20 2. Should not any drug to be introduced into society for
21 social use have meaning and value to the society and the
22 individual within that society? If you support the
23 social use of drugs, have you determined that such drugs
24 have meaning and value for society and the individual?

25 3. What assurance can you give us that you are not being
26 unduly influenced by those members of the public who
27 plead for legalization or prohibition rather than data
28 from knowledgeable, scientific sources?

29 4. It would appear from news items that the United
30 Nations and International drug authorities may be leaning

1 to more stringent drug controls while the LeDain Commission
2 appears to be taking a more permissive approach. What
3 would the ramifications be if Canada were to act inde-
4 pendent of the world body?

5 5. If the Commission is going to recommend a more
6 permissive approach to drug use, have you determined the
7 added expense which will have to be born by the taxpayer
8 to provide medical and social services to handle those
9 who become victims of drug abuse?

10 6. We are very concerned that more permissive legislation
11 could be approved without adequate education programmes
12 preceding the legislation. This would be extremely
13 detrimental to our children. If the Commission is going
14 to recommend increased permissiveness, have you laid
15 plans for the appropriate education programmes to precede
16 any legislation?

17 7. Canada has a drug problem now. We understand the
18 Commission and others have recommended to Government that
19 there be a standing committee appointed immediately to
20 coordinate the research, treatment and education aspects
21 of drug use. Will you press for early implementation
22 of this proposal?

23 In conclusion we would like to thank the
24 Commission for inviting us to make a presentation at
25 this hearing. We appreciate that you may not wish to or
26 be able to answer any of our questions at this time. We
27 ask that you give serious consideration to these questions.
28 They are the result of our concern for Canadians, our
29 young people and in particular our children.

30 Thank you.

1 THE CHAIRMAN: Thank you, Mrs. Campbell.
2 Well, we will certainly give serious consideration to
3 them but I would like to explore with you a bit now
4 what you understand by permissive, what you conceive of
5 by a permissive approach, and try to get an idea of
6 what your own views or the views of the Jaycettes are?
7 What should our general approach be, our general strategy
8 should be? When you say permissive, are you considering
9 a relaxation in the law for example? Do you think that
10 that necessarily implies permission or encouragement?

11 MRS. CAMPBELL: Well, to be quite frank
12 with you, Mr. LeDain, we had trouble in understanding
13 part of the report because when we thought we had an
14 answer, we found six pages later that it seemed to be
15 contradictory. In our permissiveness we really meant
16 the laws. We were led to believe by reading that our
17 feeling was the approach of the Commission was perhaps
18 a little more permissive than it is now, or we couldn't
19 draw a line, a very definite line between soft and hard
20 drugs. In the pocketbook edition of the LeDain Commission
21 Report, on Page 226, I believe, Section 419, paragraph 2,
22 you mentioned that it may be a decade before adequate
23 knowledge on cannabis is known as far as any aspects
24 or future aspects or psychological aspects; and then
25 further on in your recommendations, in appendices we
26 felt you were being more permissive and we were concerned
27 about this, particularly, because most of us have
28 children.

29 THE CHAIRMAN: Yes. Well then you see
30 one of the issues that has developed clearly, I think,

1 in this last round of public hearings, it has been
2 expressed quite forcibly by some, is the notion that any
3 change in the law, any relaxation, call it what you will,
4 liberalization, reduction in penalties with respect to
5 any drug might be interpreted as approval of the drug
6 or encouragement to use it. Now this has been a view
7 expressed by some. Is this your conception of the
8 effect of change in the law? Would you feel opposed to
9 any change in the law on the grounds that it might
10 give this impression?

11 MRS. CAMPBELL: I am not quite sure that
12 I can speak for the Jaycettes, but personally, I think
13 that we feel that the penalties for cannabis perhaps are
14 stronger than they should be, but we are very concerned
15 with the possibility that you are lumping all drugs in
16 this permissiveness and we are concerned because there is
17 not enough known for one thing, and because we are
18 concerned about our children who are not educated properly.

19 MR. CAMPBELL: Mrs. Campbell, could you
20 take the other chair. I would like to see you and I don't
21 want to break my neck trying.

22 THE CHAIRMAN: We have got an odd arrange-
23 ment of tables here.

24 You see, now you referred, you referred to
25 what you said about the probabilities of research in
26 the long term --- you referred to what we said about
27 the probabilities of research on the long term effects
28 which is quite accurate, your reference to the page, we
29 had said that. Now that is one issue. Another issue
30 that has been brought --- in other words, the relative

1 potential for harm is one issue that has been put before
2 us, uncertainty as to certain effects. Another issue
3 that has been brought before us in the year that we have
4 been on this is the effect of the application of the
5 law to users, let us say, of cannabis, particularly a
6 youthful user, the extent to which the laws effect it
7 to check this use, the extent to which they have to be
8 applied indiscriminately in a very selective manner.
9 These are issues brought before us and that is another
10 issue. That is another alleged harm; that is another
11 alleged social cost which has to be weighed. Now how do
12 you see the balance of those two things, the impact of
13 the law on those against whom it is applied for use of cann-
14 abis as against the uncertainties as to its --- let us
15 say some of its effect and particular its long term
16 effect. There has to be some kind of a balance there. We
17 have to weigh these things and come up with a decision.
18 Now how do you see that decision? Do you feel that we
19 should stand pat with the present extent of the law and
20 its impact on people? I am speaking of the use of cannabis
21 now for the moment.

22 MRS. CAMPBELL: Yes. I think this is one
23 place we seem to get hung up. I realize, and you say
24 later in your report, you are talking mainly about things
25 that are immediate. Now like cannabis, and I believe
26 hallucinogens and amphetamines, and you go on later to
27 talk, and it's difficult to know whether you are talking
28 about all drugs, or we found it difficult to decide
29 whether you were talking about all drugs again or these
30 three areas. It was mentioned in the press here when you

1 were last here that the use of drugs --- the penalties
2 should be lessened and someone was asked on the Commission
3 if this included heroin and the answer was yes. I think
4 we can see that perhaps cannabis should not be under the
5 present law as it is and should be changed to Food and
6 Drug or a separate law, but when you get into other areas
7 of drug use then we feel very definitely that the law
8 is a deterrent and should be a deterrent, and as I say,
9 most of us have young children and we are concerned with
10 them.

11 THE CHAIRMAN: Well, it is quite right
12 that we recommended there be no imprisonment for use,
13 for simple possession of use of any drug, this is right.
14 So your impression was accurate and you would disagree
15 with that? You would favour the retention of imprisonment
16 for the use of some drugs I take it?

17 MRS. CAMPBELL: Well, it depends --- it is
18 a difficult thing legally to prove whether it is possession
19 or whether all it really is involved with a lot of other
20 things, the rehabilitation programmes and so forth, if
21 you imprison, do you mean in our penal system as it is?

22 THE CHAIRMAN: That is the present state
23 of the law.

24 MRS. CAMPBELL: It is now, but there is
25 certainly something that can be done about this. It is
26 the all over question really that we are most concerned
27 with, and not on one particular drug.

28 MISS BERTRAND: If you care to tell me,
29 would you help me understand why in Item 3 you say ---
30 you ask what assurance can you give us that you are not

1 being unduly influenced by those members of organizations
2 for permission rather than data from knowledgeable
3 scientific sources. What is there behind this question,
4 if you care to tell me?

5 MRS. CAMPBELL: I believe I started by
6 saying that we felt that this was a very complex and
7 complicated subject and that we don't feel qualified to
8 offer solutions and this was our beginning thoughts.
9 And there are --- I know critics have said that you
10 have not come up at this point in your interim report
11 anything new that hasn't been available to you in the
12 last five years, and the only different thing might be
13 penalties. I don't know whether that is true or not,
14 but there are nationally, internationally as you say in
15 your report sources where you can gain information and
16 I can't think --- I would probably have to speak for
17 myself that the public is well enough informed. Even
18 the authorities are not enough informed because they
19 don't know enough about the drugs and it should be
20 people who are knowledgeable and who have the scientific
21 knowledge and have done research who should be making
22 the decisions or should be weighed more heavily than
23 public opinion. It certainly isn't as well founded.

24 MISS BERTRAND: If I understand you
25 correctly, you don't think it is up to the Canadian public
26 for a large part to decide what they want to do with
27 drugs? Am I misinterpreting you?

28 MRS. CAMPBELL: No, you aren't. You are
29 interpreting me correctly. However, I mean to say that
30 I think the balance of the weight or the majority of the

1 decisions should be made on a scientific knowledge and
2 not public opinion.

3 MISS BERTRAND: Scientific knowledge on
4 the relative harm of drugs?

5 MRS. CAMPBELL: Well, I think in research
6 --- there is a gentleman this afternoon for instance
7 who said he had worked with 10,000 addicts and he
8 expressed his views on working with these people and
9 certainly someone like this has more authority and back-
10 ground than I do to speak on a subject like this. We
11 felt that we would like to see you weigh more or lean
12 toward the scientific knowledge rather than the public,
13 because certainly they don't have the knowledge science
14 has or knowledge that the people have.

15 THE CHAIRMAN: Dr. Lehmann?

16 DR. LEHMANN: Do you mean, Mrs. Campbell,
17 scientific knowledge or experience? This gentleman spoke of
18 clinical experience with 10,000 addicts or so. If he
19 had that much experience he could hardly have done much
20 research or much scientific work. On the other hand,
21 researchers gain an objective and scientific knowledge
22 would have less clinical experience. Now most of the
23 scientific data which are available are really in
24 Chapter 2 of the Interim Report, and anyone who wishes
25 can become quite expert on it. There is little more,
26 really little more that even the most expert researcher
27 can get on the drugs, what there is scientifically
28 available now and what you can find in these 100 pages.
29 So to say then that people who are more knowledgeable
30 should make the decisions is really not quite justified.

1 MRS. CAMPBELL: I'm not saying that you
2 should make the decision, we are saying that we hope
3 that you weigh this more heavily than the public opinion
4 because they have --- certainly are, and a great many
5 people here do not have the knowledge and background and
6 intelligence, perhaps of the people who are researching
7 this for years, and the people that are continuing to put
8 out --- for instance I understand that there is a recent
9 report from California on the use of marijuana and the
10 findings in that case were that people who used marijuana
11 acutely were less ambitious and as far as their dress was
12 concerned, they were becoming careless and that they also
13 found --- this was a limited report I grant you --- that
14 even after acute use this hung over, they did not regain the
15 ambition. This is probably disputed by many authorities on
16 one hand as on the other, but certainly there are people who
17 know more about it.

18 DR. LEHMANN: That is only a little bit of
19 extra information that has come out since the interim re-
20 port came out, but does not really change the weight of
21 evidence which is there. The Commission has assumed that
22 the majority of the Canadian population has the intelligence
23 as much as we do. We all have the same evidence now.

24 MRS. CAMPBELL: I do not believe the average
25 person has I believe you call it (balance) --- I forget
26 exactly the adjectives used. But the researcher that is
27 available to you in Ottawa from national and international
28 sources, and most of the people do not have the opportunity
29 to go through this knowledge.

30 DR. LEHMANN: It can be gone through in

1 three or four hours.

2 MRS. CAMPBELL: You must read pretty fast.

3 DR. LEHMANN: 100 pages.

4 MRS. CAMPBELL: 100 pages is available to
5 you in Ottawa and that is all?

6 DR. LEHMANN: Well that is what we thought
7 what was really worthwhile reporting and already sifted
8 and evaluated and of course there is an awful lot more
9 and many, many more hundreds of hours of consideration
10 and evaluation in reading this, but it has been compressed
11 into this.

12 MRS. CAMPBELL: You have had time to do
13 this and the Commission has had time to do this, but
14 the housewives with three or four children --- they
15 cannot.

16 DR. LEHMANN: But you can do it now in
17 three hours, where before it would be 300 hours.

18 MRS. CAMPBELL: You have cut it down to
19 that?

20 DR. LEHMANN: Yes.

21 MRS. CAMPBELL: We would like to cut it
22 down to that too but so far maybe we think that you have
23 left out things that are important.

24 DR. LEHMANN: Well that is it.

25 THE CHAIRMAN: That is another issue.
26 Assuming then that we are --- let me say this, that
27 assuming that certain decisions cannot be based entirely
28 on scientific evidence so, all right, that science cannot
29 support or serve or provide for a foundation for certain
30 decisions, or, take the decision I put to you, mainly

1 taking what can be agreed upon as scientific knowledge
2 about cannabis at some point, looking at the effects of
3 our present legal approach, weighing these things, that
4 decision is a decision that we feel has to be made by
5 the people of Canada basically. It is a weighing of the
6 values, there is an element of conjecture in it, an
7 element of feeling in it, and it is the individual's
8 responsibility. You cannot show that decision in
9 science.

10 MRS. CAMPBELL: It may be, but where do
11 you draw the lines though? This is where I saw the
12 concern before. If we haven't got that, who's mature and
13 who knows what that age is, logically who is going to make
14 the decision and we keep going back to cannabis, and it is
15 a much bigger subject. What about the thirteen, fourteen
16 year old who is being introduced to this because there
17 friends are indulging in one drug or another, then first
18 of all they have to be educated and secondly, I think,
19 that in 1930 --- was it not --- The United States --- was
20 it not internationally --- I am not sure of my reference,
21 but drugs were made illegal and the number of heroin users
22 before 1930 was still greater I believe than it is today,
23 and so one would believe the law is a deterrent. We keep
24 going back to marijuana but in 1930 --- I believe I am
25 right in my dates --- the association decided that
26 marijuana could not be used because it was unstable and
27 unreliable, so we are introducing an unstable and unre-
28 liable product to society which we do not even know
29 enough about and might not know enough about it in
30 another ten years.

1 THE CHAIRMAN: But you see we might be
2 coming to a consensus about the possible uncertainties, but
3 where do we go from there in terms of developing our social
4 policy? What is the next step? Is your next step that
5 the law should remain as it is because you don't want the
6 impression of any relaxation, you don't want a false
7 impression as to the effects, you don't want to encourage
8 it. You have to take that. You have to always take
9 that next step, assuming we can agree on what the
10 scientific evidence should be. The whole basis of this
11 Commission, the assumption underlying this Commission is
12 that the Canadian people can be adequately informed and
13 make their decision and otherwise they will have to
14 delegate the decision to someone else, some experts.

15 MRS. CAMPBELL: What about the children
16 that I keep going back to, thirteen fourteen year olds?

17 THE CHAIRMAN: Of course we share this
18 concern but how do we make the decision? That is the thing.
19 The assumption underlying this whole process that we are
20 going through now is that these decisions at the end of
21 the day can and must be made by the people exercising
22 their own judgment on a decent basis of information and
23 if the people --- the people are going to say, "well, look
24 we can't delegate it to somebody else", call in "an
25 expert", but basically they are not scientific experts,
26 they use their moral judgment, there is a weighing of
27 judgment, there is a balance of benefits and costs.
28 That is one of the major issues facing us right now in
29 the whole inquiry, this process.

30 MRS. CAMPBELL: To me, Mr. LeDain, certainly

1 the people should be heard and should give you more infor-
2 mation, but to me it is the only analogy I can think of
3 right now, maybe because I am so nervous, is a doctor and
4 a patient, and the patient says I am ill, I have this and
5 that wrong with me, and you treat me this way, and the
6 doctor says, "fine, that's what I'll do", rather than
7 have the doctor that has the information and the knowledge
8 and he is the one that is making the decision.

9 DR. LEHMANN: He does not make the decision.
10 He tells you that you might need the operation and you say,
11 "well, is that going to cure me?" And he will say possibly,
12 "Well, I think it is going to help you, but there is a
13 certain risk to the operation, you might even die and it
14 is not very likely, but you could and I cannot guarantee
15 that you get well, but my advice would be that you might
16 take it, but you make the decision."

17 MRS. CAMPBELL: I will take his advice
18 above my own, because I feel he is better trained than I
19 am.

20 DR. LEHMANN: Not always. He is always better
21 trained, but he is not always better prepared to give you
22 advice and he will often tell you, "look, the decision is
23 entirely up to you. Here are the risks." This is the
24 important thing. There is always with a drug, a calculated
25 risk and that calculated risk whether you want to take it
26 or not, nobody can make that decision for you.

27 MRS. CAMPBELL: I would say that it would
28 depend on the kind of operation you are talking about.

29 DR. LEHMANN: If it is a calculated risk,
30 it is your risk, not his, not the doctors, not the
expert's risk. It is your children, do you want your

1 children exposed to that kind of risk and to that kind
2 of benefit? They might benefit from it, they might not
3 ---

4 MRS. CAMPBELL: What kind of benefit is
5 there from the social use of drugs?

6 DR. LEHMANN: Well they might have more
7 fun and that might please them and they might actually
8 have --- that is the benefit. That is not harmful and
9 then again it might be harmful.

10 MRS. CAMPBELL: So it is pretty serious a
11 question of whether or not it is harmful.

12 DR. LEHMANN: Yes, but why should the
13 expert make this decision?

14 MRS. CAMPBELL: That was not my question.
15 The original question was we hope that you are evaluating
16 and weighing more heavily the scientific knowledge ---

17 THE CHAIRMAN: Can I just --- I hope there
18 is no misunderstanding that public hearings are our
19 only means of inquiry, we are carrying out research and
20 talking to all kinds of experts, and we are not
21 counting heads politically either. But it is our
22 feeling that the nature of the decisions are such that
23 they do not rest entirely on a scientific element. There
24 are other factors involved, do you know what I mean?
25 Other social considerations and it is trying to get the
26 views on those, get a sense of what the people think is
27 wisdom in the situation to get a sense of what society
28 can really do about this thing, and what would be the
29 wisest thing.

30 MRS. CAMPBELL: Yes, I understand that.

1 THE CHAIRMAN: That is why we want your
2 view on the other side. For example, imprisonment for
3 use.

4 MRS. CAMPBELL: This is a very hard chair.
5 I find it difficult to keep going back. What are the
6 questions of the considerations you are weighing and
7 now I am weighing all of this.

8 THE CHAIRMAN: Yes that is fair enough.
9 Yes.

10 MRS. CAMPBELL: I think the feeling is
11 that as far as marijuana and first possession and so
12 forth, the laws are rather strong and so everyone feels
13 that they should be moved from the Narcotics Act and put
14 under the Food and Drug Act or some other law, but again
15 the lack of lessening of penalties on things like heroin,
16 I think statistically it is proven that the harsher laws
17 have been a deterrent certainly in places like Caracas
18 and Turkey and China and Sweden and any one of 63 or 72
19 countries which signed the Narcotic Act, feel that
20 these countries where it is used and it has been around
21 for a long time, it has been --- they have been able to
22 weigh it much more in their own society, they say it is
23 not right, they have much more, have much stronger laws,
24 hangings and all sorts of things. It does not make sense
25 to legalize something that we do not know about to my
26 mind, or that we become too permissive about a question
27 that is going to affect our children.

28 MR. CAMPBELL: A number of points in the
29 brief, Mrs. Campbell, you refer to education and you
30

1 refer to it in Paragraph 6 and Paragraph 7, but in
2 Paragraph 6 you speak of adequate educational programmes.
3 I wonder if you could tell us something about what you
4 would consider to be an adequate programme, what criterion
5 should be used in determining adequacy. Could you tell
6 us something about your views of the purpose that the
7 educational programme should have?

8 MRS. CAMPBELL: I can only do it from a
9 very personal point of view. I hope that if the laws
10 concerning drugs become more permissive that my children
11 will be educated and be starting in Grade 3 on the
12 knowledge or the scientific knowledge or the harmful
13 effects of drugs, so that when they reach an age where
14 they have to choose they can make the wise decision. I
15 feel at this time that we do not have adequate or even
16 near adequate educational programmes, and I think that
17 this is where it will take a great deal of study and a
18 great deal of work and so forth. It is hard to
19 educate my children and other people's children to a point
20 where they can make a wise decision of their own, and I
21 think it is hard enough to make any kind of decision in
22 your teens that is your own, regardless of what your
23 friends say or who you hang around with, without having
24 knowledge to back up your decision, and I do not feel
25 that we have an adequate educational programme.

26 MR. CAMPBELL: As an example of education,
27 you used the second chapter of our report, providing
28 education about certain number of drugs, and we
29 dealt for instance in most cases with all the psychological
30 effects, known sociological effects, effects of tolerance,

1 independence, the effect of using various drugs in com-
2 bination, and as Dr. Lehmann pointed out, we attempted to
3 summarize the extent of knowledge that is available. Now
4 is this the type of process that you think should be
5 made or what is lacking, what do you think would be wise
6 to add in providing information?

7 MRS. CAMPBELL: I do not think that I was
8 referring to what you have in your report, but it has not
9 been implemented at this point to any great extent. This
10 question was more that a fuller, more comprehensive
11 programme to earlier grades be in effect before any more
12 permissive legislation is brought into effect.

13 MR. CAMPBELL: But are you implying that
14 for instance in this school system is would be useful to
15 present the type of information that we present in
16 Chapter 2? Is this the type of information that you
17 would like to see used in the education programme?

18 MRS. CAMPBELL: Yes, I think so. If you
19 are speaking in terms of the good and bad and so forth
20 and the child is going to have to make his own decision,
21 yes, I agree. Is that what you mean sir?

22 MR. CAMPBELL: Yes, that is what is here.
23 As mentioned earlier, there are thousands, tens of
24 thousands of articles that we have perhaps sifted through,
25 and many was maybe older research, back research, very
26 back, you sift out and see what looks to be solid
27 information. Now you say the good and bad should be
28 brought out. This faces the question that has been
29 put to the Commission many times in our public hearings.
30 One case that has been made to us is stress the danger

1 in education. Another emphasize, well no, present a
2 fully round picture as you are able to do. Do you have
3 any feeling on which is the more appropriate thrust?

4 MRS. CAMPBELL: Well I don't think, and
5 I am speaking personally on this point, I don't see
6 with the education our children receive today, that they
7 don't want us and we can't be dishonest with them, because
8 they are too smart, they are going to figure it out for
9 themselves, and I think the only thing to do is be
10 truthful with them. Personally, I cannot see any good
11 in non-medical drug use. I don't think we need them,
12 I think we have got a very beautiful full life without
13 them, but a lot of people disagree with me, so I think
14 an honest picture should be presented and research will
15 widen that picture each year or each month, and this is
16 what the children should have, and this is what they
17 should base their own decisions on, and certainly I don't
18 mean to show them an unrealistic approach because they
19 are going to see right through it anyway.

20 THE CHAIRMAN: Any other questions or
21 comments for Mrs. Campbell?

22 THE PUBLIC: Yes, I would like to make a
23 comment. You just made this statement: you have taken
24 now exactly forty minutes, and during that forty minutes
25 you have added greatly to my feeling of anger I have
26 within me that was put there by the use of methadone
27 and the drug heroin tonight. Let me assure you I have
28 been a drug addict all my born life. I am sixty-six
29 years of age and I have been a user of the opiates since
30 the age of sixteen. I taught school in the Province of

1 Alberta and British Columbia and Saskatchewan for a period
2 of five years, and I was at all times using opium, at
3 all times, never knew what it was to have less than
4 eight grains of opium every day of my life.

5 THE PUBLIC: More shame to you.

6 THE PUBLIC: That is all right. Now look,
7 lady, are you yourself in any need, yourself, or are
8 you just interested in that something that may happen in
9 the future, the impossible future? What are you talking
10 of, something that is a situation that is essential to
11 your body's needs? Are you?

12 MRS. CAMPBELL: I am sorry, sir, I don't
13 understand your question.

14 THE PUBLIC: Look, lady, are you a drug
15 addict yourself? Have you ever used drugs upon your
16 body?

17 MRS. CAMPBELL: No, I haven't.

18 THE PUBLIC: Are you proud of that?

19 MRS. CAMPBELL: Yes, I am.

20 THE PUBLIC: How do you know what effect
21 drugs are upon your body if you have never used them?

22 MRS. CAMPBELL: I don't think you have
23 to ---

(Applause)

24 THE PUBLIC: Look, lady, I was never under
25 the imposition of being compelled to use drugs myself.
26 I did it intellectually and I'll tell you why. I think
27 you have had forty minutes, and I should have fifteen.
28 I should like to read you one of the greatest poets
29 perhaps that ever lived that wrote this at the age of
30 seventeen. Listen to me closely. You may find it a bit

difficult to understand, and I know you will find it impossible to agree with. I will give you the events leading up to the writing of this. This young man was suffering greatly with consumption in a suburb of the City of London, and was living at a livery stable at the time of him writing this. I am talking about the author, John Keats. I am now quoting from the third chapter of his "Endymion", I am reading it for you, it is here. Now this man was addicted to drugs and had been three years then addicted to an ounce every two hours of (Iodine) a day (which every hour is 1/7 by weight of opium.) I'll just read it to you.

"I then came to that spot where I had learned
To pass my weary years. That robber for
the sun and unwilling leaves
So dear a picture of his sovereign power,
So I could witness his most kingly hour
When he doth tighten up the golden reins
And pace leisurely down amber plains
His snorting four.
Now when his chariot lash
Its beams against the Zodiac Lion case."

In other words, it was 3:00 or 4:00 o'clock in the morning.

"There blossoms suddenly a magic bed
Of sacred (dittanies) and poppies red
Of which I wondered greatly knowing well
That but on night had brought this
flowery spell.
And sitting down close by began to muse
What it might mean; perhaps, thought I
Mortuus in passing here our opinion shook
Or it may be a maid a knight took
Or ever yearned, or Mercury, by stealth,
Had dipped his (inaudible) such gallant
wealth
Came not to earth by common growth."

1 There is an error there but he was youthful in writing
2 that.

3 "Less than I thought moreover through
4 the dancing poppies stole

5 A breeze most softly lulling my soul."

6 The breeze that I had in my sould at this moment, let me
7 assure you, gentlemen, everyone here. Well let me
8 tell you, this is truth as it truly is. This is a man
9 who spent his life giving us something that is a portion
10 of our greatest part of our heritage.

11 I will read you now one line of John
12 Milton's "Lycidus." Many of you men are familiar with
13 it, and this book happens to be worth around \$300.00
14 because it was printed --- it is an original edition of
15 John Milton. I doubt very much, lady, that you will
16 quite grasp this, not that I mean to be uncomplimentary,
17 but I am very much annoyed when I think that you are
18 trying to put a rope around my neck.

19 Now here he talks about --- no- I don't
20 known whether you will understand this, but every poet ---
21 and there are poets in this room --- there are gentlemen
22 with education here and all around us, we have cultured
23 men in Canada.

24 "With (inaudible) I went footing slow,
25 his (inaudible

26 In rock with figures dim and on the edge
27 Like to that sanguine flower inscribed
28 with woe."
29
30

1 Do you know what the sanguine flower inscribed with woe
2 was? The drug that John Milton used all his life, the
3 poppy that he had used the sap of every day of his life,
4 and never less than two ounces a day. Once he became
5 blind previous to his writing Paradise Lost. There are
6 some of you gentlemen that know these things. These
7 are not just information or items that I read in your
8 Readers' Digest or something I pick up. I have here
9 a most cherished volume of Elizabeth Barrett Browning.
10 Sonnets to the Portugese. I need not refer to it.

11 "How do I love thee, let me count the
12 ways.

13 I love thee to the depth and breadth and
14 height

15 My soul could reach, when feeling out of
16 sight.

17 I feel I love thee to the needs
18 Of every day's most quiet needs by sun and
19 candlelight.

20 I love thee with the love I seem to lose
21 (In my love sleep and my childhood state.)

22 I love thee, oh I love thee 'til my final
23 breath,

24 And then if God so choose,

25 I shall but love thee better after death".

26 That was written by a drug addict, seventeen years of
27 age on Wimpole Street in London, England in the year
28 1811 --- or 1827, rather. Has it impressed you at all?

29 MRS. CAMPBELL: Little did I know I came
30

1 this evening to listen to poetry.

2 THE PUBLIC: I am sorry if my behaviour
3 has been obnoxious. I am apologetic, but you are trying
4 to hang me, lady.

5 MRS. CAMPBELL: I think the poetry you gave
6 to us is quite beautiful, sir. If you had contributed
7 in your own way on the use of drugs ---

8 THE PUBLIC: I have lady, I've worked all
9 my life.

10 MRS. CAMPBELL: That's fine. I am concerned
11 about youngsters, the ones that jump out windows, the
12 ones that have bad trips.

13 THE PUBLIC: They do?

14 MRS. CAMPBELL: And there are lots of
15 people who cannot cope with drugs and have a full life
16 and who don't wreck their lives. Now you have done all
17 right on it, but that is your life and I am not concerned
18 about your life because you seem to be doing all right.

19 THE PUBLIC: Well, I didn't quite hear
20 what you said. I am so excited, I am not accustomed to
21 getting up and making a public spectacle of myself. I
22 regret it very much. But to protect ourselves now, our
23 very lives are at stake in front of these gentlemen. Do
24 you understand that? My life is at stake. My wife who
25 has been using narcotics for thirty-seven years of her
26 life, her life is at stake. What conclusions these men
27 come to means life or death to thousands in the Dominion
28 of Canada, three thousand in Vancouver alone. And is it
29 generous of a nation to permit a person to take something
30 into their veins, into their own sovereign dignified human

body in the light of full reason that brings delight in them? I see it not as an evil. I know Shakespeare had the same thing to say. Would you like me to quote from his Tempest?

THE PUBLIC: Spare us please.

THE PUBLIC: I could so easily do it.

THE PUBLIC: Sit down.

THE PUBLIC: Spare us please.

THE PUBLIC: Just to keep the record straight, the gentleman that spoke at the last session of the afternoon stated that there were different degrees of tolerance and that is quite true. This man may have been able to tolerate it, but that doesn't mean that all our young people can.

THE PUBLIC: I am not fighting for the young people, I am fighting for myself, ma'm.

THE PUBLIC: All right. But nobody said --- I haven't heard anybody say at this session today about the death penalty for anybody who was a user. It said for the non-users who are pushers, and that is a big difference, if you get that straight.

THE CHAIRMAN: I think we should move on.

THE PUBLIC: If I could just show you a picture to give you an idea of what is happening. This was the sad, sad "Jericho" after the closing of this --- now just a minute, it is just a little article and this is what they quote themselves:

"A pregnant girl about eighteen years old lies face down on a bunk bed at the Jericho Youth Hostel's makeshift medical

1 clinic. Hazel Lawrence, 19, dispensing
2 vitamin pills, cold tablets and sympathy
3 in a steady stream of cholera, thinks
4 the girl is having a miscarriage. In the
5 next bunk, a twenty-one year old Montrealer
6 sits up groggily and wipes his eyes. He
7 is coming down from a bad speed trip.
8 Out and along that corridor, hostel staff
9 workers and residents armed with broom or
10 mops, organize a hasty clean up campaign.
11 A couple of straggle haired youths
12 wander aimlessly around the lawn. Almost
13 everybody looks depressed."

14 Now just listen to this.

15 "I dug this place for the first two days,
16 said Ted from Ottawa, seventeen, and then
17 I saw it for what it was, a public open
18 asylum. There are just so many screwed
19 up people here. This chap is one of the
20 more fortunate residents of the Jericho
21 Hut 47. He has got a plan, when the
22 hostel closes or when he figures he has
23 had enough of it, he will go back to his
24 Toronto home, finish high school and try
25 to get a job. Many like twenty year old
26 Tom Drexler, from New York City
27 seem to be just waiting passively for
28 something to happen. Drexler is a U.S.
29 draft dodger who has been at the hostel
30 for two weeks and finds it filled with

anger
hate, and violence. But at the moment he
says he sees no alternative. I have no
friends in Vancouver, no place to stay,
nothing at all. I haven't the faintest
idea of what I am going to do, where I
am going to go, when they close the place
down."

Now this gives you an idea of what is happening to our
young people.

THE CHAIRMAN: Thank you.

I call now on Mr. Sidney Simons.

Is Mr. Simons here?

MR. SIMONS: Good evening Dean LeDain, Prof.

Bertrand, gentlemen, I did not come here to make a
formal presentation; that is I do not have a brief to
read from. I would just like to express something that
I have done previously in this city and elsewhere.
I did speak to the Commission once before and I have had
the privilege of reading the report which you have
presented, and I take exception only to one passage in
that report seriously, and that is the passage that
says that there is not sufficient evidence of police use of
violence or brutality in investigating drug offences
to allow the Commission to make any real recommendations
in respect of it. So the only recommendation that is
made in respect to police investigation was that the
Writ of Assistance be abolished and police be allowed
search warrants to search the premises. Now I take
exception to that finding, partly because I made a
presentation to the Commission in Winnipeg last October

1 and I catalogued by way of transcripts of divisional
2 proceedings a number of cases to which considerable ref-
3 erence has been made to the use by police officers of force
4 in the conduct in investigations and I filed a three volume
5 transcript of an inquest in New Westminster into the death
6 of a person who aspirated a condom containing heroin when
7 he was choked and seized by police officers who did not
8 know him, and had the wrong man in mind. So I thought that
9 I would take this opportunity to just read a few short
10 passages from some additional transcripts, copies of which
11 I have furnished to the Commission and I hope that you will
12 have the opportunity to read them, and I hope the other
13 material.

14 This is evidence given by Police Constable
15 Dale George Featherstone a member of the RCMP who has been
16 on the Drug squad for about 2-1/2 years at the time of the
17 giving of his evidence, and I think it could be most simply
18 and dramatically brought to the attention of the Commission
19 and those present if I simply read from the transcript and
20 you will forgive me if I read from my own cross examina-
21 tion of the witness.

22 This was given in the course of a trial
23 within a trial to determine the admissibility of answers
24 given by a male person to the police officers when they
25 were conducting an investigation, and this is an investi-
26 gation by the Drug Squad, five members of it who had
27 entered a suite on West 14th Avenue in Vancouver. They
28 had a 14 lb. sledge hammer but fortunately, or unfortunate-
29 ly the door was unlocked, and so they did not have to use
30 the hammer to get in. They simply turned the knob. This

1 was about 8:30 in the evening December 8th, 1969. During
2 the course of the trial within a trial it was established
3 beyond any doubt that the answers to the questions given by
4 the person to the police were freely and voluntarily made
5 with no threats offered, no compulsion of any kind, this
6 officer was asked these questions by the prosecutor:

7 "Q. What could you say with respect to
8 any threats made to Mr. H. at this time?

9 A. There was no threats made.

10 Q. What could you say with respect to
11 any threats?

12 A. There was none.

13 Q. What can you say with respect to any
14 inducements?

15 A. Nothing to my knowledge.

16 Q. What can you say with respect to any
17 warning?

18 A. I didn't hear any, Your Honour.

19 Q. What can you say with respect to any
20 promises?

21 A. Nothing Your Honour."

22 This is a catechism, for those who are not familiar with
23 proceedings in criminal courts, in this province at least
24 the kind of case that you can anticipate getting from
25 police officers during the course of this inquiry, and it
26 is not their fault I suppose, because they are
27 asked this question by the prosecutor after all.

28 "Q. What can you say with respect to his
29 physical condition at this time?

30 A. Your Honour, it appeared to me that

1 he was under the influence of a narcotic.

2 He was seated in a chair in his suite at
3 this time and it was apparent to me that he
4 was on the nod.

5 Q. Being on the nod means being in a state
6 of euphoria?

7 A. Drowsiness caused from something which
8 he has taken.

9 Q. An extremely marked and obvious departure
10 from normal condition in your experiences,
11 isn't it?

12 A. It is not normal, Your Honour."

13 They were asked how they gained entry and it says:

14 "A. We ran in and opened the door and ran in
15 the apartment. First I believe was Detective
16 Paterson, second was myself or Detective
17 Donnelly.

18 Q. Did you seize anyone when you entered?

19 A. I seized Diane the wife of a person
20 known to me as the accused, a girl friend at
21 the time.

22 Q. I believe you understand it is his wife
23 now?

24 A. I believe it is now, yes ---"

25 I should say this is in cross examination.

26 "Q. Was she seated at the time you seized her?

27 A. She was seated on the chair in the
28 living room.

29 Q. When you first saw the accused, was he
30 seated?

1 A. He was on a kitchen chair I believe.

2 Q. And you seized her by the throat and
3 choked her, didn't you?

4 A. That is right.

5 Q. And did you throw her back against the
6 sofa?

7 A. I beg your pardon?

8 Q. Threw her back against the sofa chair she
9 was seated on?

10 A. I grabbed her by the throat, I told her
11 to open her mouth, Your Honour.

12 Q. Did you perform a search of her mouth?

13 A. I did.

14 Q. With what?

15 A. Visual, Your Honour.

16 Q. You did not insert your fingers or
17 handcuffs?

18 A. No, I did not.

19 Q. Flashlight?

20 A. No I didn't.

21 Q. Were you carrying a sledge hammer?

22 A. I was, yes.

23 Q. How big a hammer?

24 A. I think it is a 14 lb. sledge hammer
25 Your Honour.

26 Q. Is it your customary practice as a
27 member of the Narcotics Squad to choke
28 people in that manner, is it?

29 A. That is right.

30 Q. Is it also customary practice to strike

1 people in the stomach?

2 A. It depends on the circumstances, Your
3 Honour.

4 Q. And when you do that, you use either
5 your fist or your knees, is that correct?

6 A. Fist.

7 Q. Do you use explicitly the fist?

8 A. That is right.

9 Q. Have you seen other officers use their
10 knees?

11 The prosecutor takes some exception to this line and it
12 goes on.

13 "Q. The Drug Squad is notorious for the
14 kind of activities you have just described
15 in your investigation, is that correct?"

16 Exception is taken to the use of the word "notorious", and
17 then I continue:

18 "Q. I did not want to use infamous, Your
19 Honour, I thought "notorious" something
20 "well known". Would you agree with that,
21 Constable Featherstone?

22 A. It is that kind of job, Your Honour.
23 That kind of force has to be used.

24 Q. It has to which?

25 A. I said it is the kind of job that this
26 force has to be used.

27 Q. Why does it have to be used, Constable
28 in what regard?

29 This is his answer to the question.

30 Q. Your words were it is the kind of job in

1 which this kind of force has to be used.
2 Would you explain what you mean by that
3 expression?

4 A. Your Honour, most every drug addict
5 and drug traffickers carry narcotics in
6 their mouth and you have to seize them and
7 get this out of the mouth before they
8 swallow it.

9 Q. You have never seen Diane before that
10 evening, is that correct?

11 A. No I haven't.

12 Q. She was not known to you or suspected
13 by you as being a drug addict, was she?

14 A. She was known to me as a drug addict
15 but I had never seen her before, no.

16 Q. How did you know who you were grabbing?

17 A. It did not matter to me at the time."

18 That I think is a very significant response because I
19 think it is fairly typical.

20 Incidentally, there was another officer who
21 gave evidence at this inquiry who said that the reason
22 that they seized both people in this way and administered
23 and search and handcuffed them both behind their backs
24 and so on was because he had reasonable and probably
25 grounds to believe that they were carrying narcotics in
26 their mouth while they were sitting there in their
27 apartment watching television.

28 The officers were not in uniform but
29 wearing casual clothing, slacks and a windbreaker, and
30 then goes on to say this:

1 "When I first entered the apartment, I
2 seized her, I seized her by the throat
3 and after I finished conducting the oral
4 search, I told her to stand up and I placed
5 the handcuffs behind her.

6 Q. Have you had any medical training,
7 constable?

8 A. Not very much, no.

9 Q. Do you know that it is dangerous
10 to take people by the throat, dangerous to
11 those people?

12 A. To a point I imagine it is, yes.

13 Q. Well any application to the area of
14 their larynx could be dangerous and can be
15 fatal can't it?

16 A. It depends on the amount of force
17 applied, I would imagine, Your Honour.

18 Q. Well you apply plenty don't you?

19 A. Not over force, Your Honour, no.

20 Q. Well enough to force the person to
21 lose his breath by cutting off his wind,
22 is that no so?

23 A. In this case, Your Honour?

24 Q. That is the object of that exercise
25 isn't it?

26 A. It helps them to open their mouth.

27 Q. Well they open their mouth because
28 they can't breath. They gasp for air, is
29 that not so?

30 A. To a point, yes.

1 Q. And did Diane open her mouth?

2 A. She did."

3 There was a skin frisk performed on Page ---

4 "A. I don't recall.

5 Q. That is frequent procedure in your
6 investigation, isn't it?

7 A. Yes.

8 Q. And by that you require people to take
9 off their clothing, is that correct?

10 A. Yes.

11 Q. And if they do not agree to do it, do
12 you take it off of them?

13 A. That is right.

14 Q. And you cause them to bend over and
15 search them anally, is that correct?

16 A. That is right.

17 Q. Using a flashlight?

18 A. That is right.

19 Q. And even in the presence of other people
20 who might be there; is that correct?

21 A. Possible, yes.

22 Q. How many people have you choked during
23 your time on the Drug Squad?"

24 There was some discussion before he answered that question,
25 and his answer was:

26 "A. Over a thousand, I guess."

27 And the next question asked him:

28 "Q. Had you ever done it before you
29 were a member of the Drug Squad?"

30 to which no response was allowed to be given.

1 "Q. Do you consider the use of physical
2 violence to be in any way a threat?

3 A. No I don;t.

4 Q. What is a threat, Constable?

5 A. Your Honour, maybe Mr. Simons can specify
6 in his question more clearly what he is
7 trying to get at.

8 Q. All right, may I repeat or attempt to
9 paraphrase the question that was asked of
10 you initially Constable: what are you able
11 to say as to whether there were any threats
12 made to anyone on that evening? I think
13 that is a question my friend asked you.
14 Do you recall?

1 A. There was no threats made.

2 Q. I see, what is a threat?

3 A. Just a plain threat, is that what
4 you are trying to get at?

5 Q. Plain or unplain, Constable, I want
6 to know what you have in mind when you
7 give evidence.

8 A. You are asking the questions.

9 Q. You have already answered the question
10 about threats, now I want to know what
11 you mean in the course of your answer."

12 And here is his answer.

13 "Q. Describe them in some way, I would
14 imagine, either by physical or by verbal
15 and in your opinion none of that happened?

16 A. No.

17 Q. You do not consider what you did to
18 Diane to be in any way threatening to her?

19 A. No.

20 Q. Beneficial to her health?

21 A. I don't know if it is beneficial to
22 her or not.

23 Q. Well that is the last thing you are
24 concerned with, isn't it?

25 A. I don't believe I hurt her, no.

26 Q. You do not know whether you might have
27 or not?

28 A. I am sure I didn't.

29 Q. You could have killed her?

30 A. I am sure I didn't, I am sure I didn't

1 hurt her.

2 Q. But you know that you could have
3 killed her, you could have killed her?

4 A. I did not kill her."

5 And from then he goes on to describe the nature of the
6 search of the premises, turning the beds and the clothing
7 upside down, emptying drawers and closets, heaping the
8 contents on the floor and so on. In that case the
9 judge ultimately concluded the answers that the prisoner
10 gave to the police officer may not have been altogether
11 voluntary and so they were not admitted in evidence, and
12 incidentally he was not charged with the drug offence,
13 no drugs were found on the premises at all. Either on
14 the person or on the premises, and there was some other
15 matter that was found and a charge resulted.

16 But that was on a heroin investigation.
17 It is, I think, clear from Constable Featherstone's
18 evidence a typical heroin investigation that is conducted
19 by police officers, that we as citizens hire to preserve
20 the peace and protect us and they are persons who are
21 supposed to demonstrate the law and what a law abiding
22 citizen is to do to assist us in it, and it is my
23 own feeling that these officers ignore the law. It is
24 in the breach that they are more zealous than in
25 following the law, and that kind of activity has bred
26 in the city of Vancouver certainly among, if you like,
27 the addict population, and the population of persons who
28 know of these circumstances, in the courts particularly,
29 a very deep grained feeling of distrust of police.

30 The procedure on a marijuana or soft drug

1 investigation isn't always like that. It is usually quite
2 different in that if uniformed officers or Drug Squad
3 officers stop a person on the street, or in a lane
4 or anywhere in the city, or in a building, any house or
5 anywhere, they don't generally speaking choke them in that
6 manner, or punch them unless they are giving them a bad
7 time and that occasionally happens. But they simply require
8 a person to take down his pants and his underpants so that
9 they can search his groin for drugs, and may cause a person
10 to stand still or tell him not to move and heap abuse upon
11 him, verbal abuse which goes on throughout these investi-
12 gations, and Drug Squad Officers I think you will find are
13 quite proficient in the use of four letter words and other
14 words, that are becoming well known to us. But quite often
15 on a soft drug investigation the officers, particularly if
16 they are a little frustrated will heavy up just a little.

17 I will read you an example of that having
18 happened in the case of which two Drug Squad Officers who
19 entered a rooming house in Vancouver, entered on suite
20 in that house. They found a pipe in the house which
21 ultimately was analyzed to contain cannabis resin, residue
22 of smoking either marijuana or hashish and they arrested
23 a young man and a young woman in respect of possession
24 of that pipe. And when they arrested them, they found
25 another person asleep in a sleeping bag in the living room
26 of the premises, naked but for underpants.

27 And the officers apparently wanted to
28 investigate this individual, although they were looking
29 for soft drug, and I will omit the name if you like.

1 The officer in evidence was asked:

2 "Q. Did you strike him?

3 A. I seized him by the throat.

4 Q. Did you choke him and throw him against
5 the wall?

6 A. I seized him by the throat, and held
7 him against the wall, yes.

8 Q. Did you apply pressure to his throat
9 when you seized him?

10 A. Yes I did.

11 Q. You had both your hands around his
12 throat?

13 A. Yes I did.

14 Q. Did you do an oral search?

15 A. Yes I did.

16 Q. Did you insert your hand or some
17 object into his mouth?

18 A. No, he opened his mouth and I looked
19 inside and satisfied myself, and I didn't
20 think it necessary to proceed further with
21 the oral search.

22 Q. That was after your initial conversation
23 with him about his name, is that so?

24 A. No, that was just shortly after we
25 entered and he was roused from the bed
26 or mattress where he was sleeping.

27 Q. And did you knee him several times in
28 the groin or stomach after you had seized
29 him by the throat?

30 A. Yes, I think I struck him once in the

1 stomach with my knee while I had him by
2 the throat.

3 Q. And what was Constable Sunset doing
4 while you were doing that?

5 A. I believe he was holding his hands.
6 As I seized him, Sunset assisted.

7 Q. How was he holding his hands, in what
8 position and in what manner?

9 A. Well I can't say, I wasn't concentrating
10 on what he was doing, I was concerned with
11 the oral search.

12 Q. And that occurred in the living room
13 of suite number 4?

14 A. Yes.

15 Q. And it occurred in the presence of this
16 accused the girl Susan?

17 A. That is correct.

18 Q. And you say that he was cooperative
19 with you after you seized him?

20 A. Yes. That is a telling response,
21 isn't it?

22 Q. Did you strip him and skin frisk him?

23 A. I examined him.

24 Q. Did you remove his trousers?

25 A. I don't think he had any trousers on
26 when we entered.

27 Q. Did he have any underpants on, or any
28 clothing on of any description?

29 A. I believe he had undershorts on, yes."

30 This was a question that was asked him, he was asked by

1 what authority he entered the premises, and he said he
2 had a Writ of Assistance.

3 "Q. Which of you produced the Writ of
4 Assistance?

5 A. I did.

6 Q. What was the date of its issue?

7 A. I don't recall offhand.

8 Q. Could you approximate the date of its
9 issue?

10 A. I believe it was late '65 or early
11 '66."

12 Now this investigation took place in the early part of
13 1970, in February of 1970.

14 Now, those, I would suggest, Mr. Chairman,
15 are some evidence of the abuses by police officers of
16 citizens, and they are not infrequent, and they are not
17 only upon that class of persons who seem to be fair
18 game or open game to police officers, namely, addicts or
19 suspected drug users, or whatever. It happens in a lot
20 of places to a lot of people.

21 A recent trial at Gibsons, British
22 Columbia, which is up the Sunshine Coast from here, a
23 small community, a Corporal of the RCM Police gave
24 evidence at a trial of which I don't yet have the trans-
25 cript, and he accosted two individuals who were walking
26 down the road, causing no one any difficulty, doing
27 nothing apparently wrong, but they were young persons
28 with long hair wearing jeans and casual, or scruffy
29 clothing, I think he called it. And these persons were
30 accosted, searched, detained and ultimately released and

1 then a cigarette was found in the pocket of one of them,
2 which was analyzed to contain marijuana, and he was
3 subsequently charged. In the course of his evidence, the
4 Corporal said that he had reasonable and probable
5 grounds to detain and search these people, and he was
6 pressed to explain what he meant, and what were the
7 reasonable and probable grounds that he had. And he
8 simply kept repeating the phrase that he had reasonable
9 and probably grounds. He hadn't seen them using any
10 drugs, no one had told him they had any drugs, and he
11 didn't know them to be users of drugs and he had never
12 seen these persons before. But they were young persons
13 who may have been transients, may have been visitors,
14 may have been tourists that were in his area. And he
15 was asked how many such detentions and searches and
16 interrogations he had conducted of young people with
17 casual clothing and long hair during the past few months.
18 This was in the late summer of 1969 --- I am sorry, of
19 1970, and he stated that he would conservatively estimate
20 about 100 such searches. He was asked on how many
21 of those persons he discovered any drugs, and he said
22 3. "It could have been 5, but I think it was 3".

23 So there is, you know, the scoring average
24 if you like. This is a person who has a licence to
25 harass young people. He has a 3% success rate. I think
26 one of those persons was convicted, the other two were
27 acquitted ultimately.

28 But there is his success rate. What is the
29 effect of his conduct on other young citizens in the
30 area? I have talked to a number of them; they scorn him,

1 they laugh at him. But they fear him. Not because they
2 have any reason to fear by virtue I think of their
3 activities, but simply because they are afraid of what might
4 happen if they are left alone with him in a dark place.
5 And I think this is the attitude that many young people
6 hold in this city and in other parts of this province.

7 THE PUBLIC: As I am about to leave, may
8 I make just one simple request that will take about a
9 minute? It will be about the last time I ever have the
10 pleasure of standing here. But listen, gentlemen, there
11 are in this city so many people that come under the
12 exact abuses this man tells you of. I have a scar on
13 my forehead here. My wife was beaten within an inch of
14 her life on Columbia Street. I am quite willing to give
15 her name and my name, at the age of 52, and when we took
16 the case to the Supreme Court of British Columbia, we
17 found that the fact that the RCMP were allowed to pick
18 up a capsule off the ground and convict my wife for
19 having it in her mouth after they choked and beat her
20 beyond recognition. Radio Station CKLG will certainly
21 verify all this for I spoke on the case over Radio
22 Station CKLG and then they said to me, "If you don't have
23 your wife plead guilty you will get a tremendous whipping."
24 And did I ever. I was in St. Paul's Hospital in 1961
25 for two weeks for the beating I took with revolver butts
26 down an alley on Pacific Street. Now I have not lied to
27 you. But this goes on every day in this city of Vancouver.
28 Do you know there has been 100 deaths within the last
29 eighteen months? I am not lying, gentlemen. If truth
30 does have that quality of striking a responsive chord in

1 the ears of the listeners, then you will believe me.

2 Thank you.

3 MR. SIMONS: Mr. Chairman, I would like to
4 mention another area of abuse that I think is having an
5 extremely harmful effect upon young people and their
6 consideration of the law, and of law enforcement officers,
7 and that is what is occurring during undercover operations
8 by police officers investigating drug use and trafficking.
9 We have had a number of such operations. They seem to
10 be continuous in this province, and when you arrived here
11 you undoubtedly saw headlines that 113 persons had been
12 arrested or were being arrested and charged with narcotics
13 offences outside the city of Vancouver. This is in the
14 more provincial areas surrounding
15 Vancouver. We recently have had similar sweeps in
16 Vancouver.

17 We have come to learn that undercover
18 officers, in order to insinuate themselves into the
19 confidence of young people and to persuade them to
20 obtain drugs for them and sell them to them or give them the
21 money to go and get it as a runner, if you like, or
22 errand boy, are reported to be using the drugs along
23 with the young people, to in some cases supplying drugs
24 to young people and very recently there was an undercover
25 operation in the greater Vancouver area in which subse-
26 quently upon some trials that have been held, two girls
27 aged fourteen and fifteen years have testified that
28 a constable in the RCM Police invited them over to his
29 car one evening and produced, lit and shared with them
30 a marijuana cigarette. The boyfriend of one of these

1 girls was someone that the officer was trying to cultivate
2 as a friend in order to use him and his knowledge of
3 other young people in the area to effect his undercover
4 operation. And a number of arrests were made and con-
5 victions were recorded, and it might be pointed out for
6 those who still don't know, the convictions for trafficking
7 in the soft drugs in this area draw prison sentences of
8 everything from one month to five years, and not necessarily
9 for large quantities, but even for smaller quantities.

10 And the officers have followed the practice
11 of luring young people into a false sense of security, if
12 you like, and then asking them favours. In this case,
13 the officer bought beer repeatedly for a group of young
14 people in a beer parlour, the Avalon Hotel in North
15 Vancouver, and this was acknowledged by him. He bought
16 cigarettes at retail prices, and this is with the tax-
17 payers money too of course, and sold them to these young
18 people at 25¢ a pack, and he bought them hamburgers and
19 lunches and various things in order to become known to
20 them as a mark, and insinuated himself into their
21 confidence, and he used another person who happens to be
22 a heroin user as his door opener, if you like, because
23 that person lived in the community all his life and he
24 knew many of the other young people, and persuaded them
25 to sell --- well, not in most cases, but in some cases,
26 their own smoking dope to the undercover agent, and he
27 subsequently charged them with trafficking, and they were
28 convicted, all but one that I know of, and these persons
29 have testified to these practices by the officer. The
30 officer denies that he has done these things, and the

1 Commission will be supplied very soon with transcripts of
2 this evidence, because it is being prepared now.

3 In the course of that particular investiga-
4 tion, the officer who was twenty-seven years of age was in
5 the beer parlour one afternoon when a school teacher who
6 was married, age twenty-six of estimable character in my
7 own view, went into the beer parlour on a Friday afternoon
8 after school to wait for her fellow teachers, and was in-
9 vited to the table where this constable sat with a number
10 of young people, some of whom were under the drinking age,
11 but that's by the by. Someone at the table produced some
12 hashish and put it on the end of a cigarette and began
13 smoking it, and this was apparently not an uncommon prac-
14 tice in that place. The officer, from the evidence of
15 several people there and which is attested to in the
16 evidence of the school teacher, took a puff on the cigarette,
17 that is he smoked it and he passed it towards the school
18 teacher who declined because she had never smoked hashish
19 and was a little up tight about it, as you might expect,
20 and she attests in her affidavit that he persuaded her to
21 do so; he demonstrated to her how to smoke hash on the end
22 of a cigarette by cupping his hands and so on; he held it
23 for her while she puffed on it and she did puff on it,
24 and soon afterward left the area.

25 Now the officer denies that that happened;
26 two other people besides the school teacher who were there
27 testified on oath in court that it did happen exactly
28 that way. There is no reason that this school teacher
29 would have for perjuring herself or giving a false account
30 of what occurred, and I personally accept that account.
So what are we to do? Are we to accept that officer's

1 conduct; are we to encourage it, justify it in our courts
2 and praise the officer for having made all those arrests?
3 I think the average age of persons arrested was nineteen,
4 and around that, in North Vancouver. These are some of
5 the things that concern me.

6 I am concerned also, Mr. Chairman and
7 members of the Commission by some of the other comments
8 that have been made throughout these hearings. I am sure,
9 but I happened to hear some of the remarks of the previous
10 speaker here and effectively what she was saying is
11 what our courts have been saying, and many other
12 people, we are uncertain about what the effects are of
13 certain drugs and so until we are certain, we should by
14 all means arrest, prosecute and jail people. You don't
15 do the rational thing or the logical thing like suspending
16 judgment and not putting people in jail unless you are
17 certain they are doing some social harm to themselves
18 or to others, but rather it is like that is for nothing,
19 now, try something, and we are putting this upon them.
20 And if people do not think that visiting some harm is
21 not done by incarceration for anything up to five years,
22 then you have never been inside a jail. The notion seems
23 to be held by some people including, I think, the previous
24 speaker, that liberalizing or legalizing drugs and I
25 parenthetically think that talking only about soft drugs
26 and not about heroin, but about all drugs, is begging the
27 issue. It is my own notion that all drugs must be legal-
28 ized in order to avoid the kinds of things that I have been
29 describing here and the effects of adulterated substances
30 or adulterating substances in the drugs, the effects of

1 impurity, the uncertainty as to quality, let alone content
2 of what persons get hold of. But the notion that lib-
3 eralizing or legalizing is going to force the substances
4 on to citizens seems to me most unusual, because we have
5 considerable advertising on television and the other
6 media for drugs of various sorts, patents, albeit.
7 The lady spoke of her children, third grade, I think she
8 said, children, I wonder if they are rushing down to
9 the corner drug store to buy aspirin or pep pills of
10 whatever, vitamin pills because they see them so frequently
11 advertised on television as a "good thing", in inverted
12 commas. What disturbs me is this notion of good and bad.
13 I think it is irrelevant. I think what we must consider
14 is what the real effects on people are of these laws,
15 because whatever the laws are some people will use drugs
16 of various descriptions whether it be alcohol, tobacco
17 or soft drugs or heroin, or whatever. And I think that
18 brutalizing people by inflicting our laws upon them and
19 our law enforcement agencies upon them is not having a
20 very profound effect except in a negative way.

21 Now the lady also voiced what seems to be
22 an opinion which seems to be held by many people, it certainly
23 seems to be held by many courts, particularly our Superior
24 Courts, that if we continue to enforce these laws and con-
25 tinue to send people to jail, it will serve as a deterrent,
26 and that is the term that I have never been in my exper-
27 ience able to fathom. It has never been a significant
28 factor in the conduct of any of the people that I have
29 dealt with in the course of criminal practice, and I
30 could probably relate as many accounts of people who were

1 not deterred from using drugs while they were incarcerated
2 but only detained from continuing to use them, if they
3 were intent on using them. The gentleman who was here
4 has probably spent half of his adult life in jail. That
5 is the usual course of any heroin addict. Going to jail
6 does not cure them of the habit. They cannot wait to get
7 out and have their next fix. Right?

8 I know one person who was charged together
9 with his wife for possession of marijuana, and these are
10 random samplings but his wife was acquitted after a trial
11 and he was convicted and sentenced to six months imprison-
12 ment. This was before the law was modified in terms of
13 sentence, at least, for simple possession, and I visited
14 him from time to time while he was at Oakala, and his wife
15 called me from time to time while her husband was in jail,
16 and her complaint was that it was not very pleasant and
17 not as pleasant as it had been smoking pot with other
18 people than with her husband, and she could not wait for him
19 to get out. His complaint was that the quality of the grass
20 available to him at Oakala was terrible and he could not
21 wait to get out so that he could try something that was a
22 little bit better. He did his time. I am confident that he
23 still smokes marijuana when he chooses to do so. He is a
24 person who I understand has smoked marijuana for about ten
25 to twelve years. I do not think, if I accept what he says,
26 and I have no reason not to, that he uses any other drugs
27 than marijuana. He simply enjoys it. It relaxes him. His
28 father was an alcoholic. He started drinking a lot when he
29 was younger and he is not a booze hound any more, so I sup-
30 pose in a sense that it could be considered "good" using that

1 euphonism. I do not think that sentencing any person to
2 jail deters any other person from conduct which resulted
3 in the first person being jailed. I think that whole notion
4 is a myth. I think it's sort of a last vestige of rationale
5 that the court seized upon because they are simply unequipped
6 and unwilling to face what really are the issues before it
7 when people are convicted under the Narcotics Control Act,
8 and the Food and Drug Act when they come before the courts.
9 People, they say, have previously, they have been previously
10 of excellent character in most cases and they are students,
11 working people and there is nothing that can be said that
12 can cause the court ordinarily to send him to jail. A first
13 offender, for example, who breaks and enters a home and
14 steals its contents or part of them, whether there be people
15 at home or not, or whether he be harmed or not, almost in-
16 variably will have the sentence suspended so that he can be
17 put on probation, and the process which is called rehabili-
18 tation which is another euphonism can take place.

19 In drug cases that simply is no longer
20 available to people and has not been for some time.
21 People who traffic in drugs, whether it be a joint of
22 marijuana or a nickel bag or an ounce, or a kilo or
23 whatever it is are simply going to jail. And the courts
24 say that they have no alternative. They say that
25 rehabilitation is not the consideration. The usual
26 factors they must consider in sentencing, the previous
27 background of the person, the nature of the offence, simply
28 don't apply. What is required is a deterrent to protect
29 society, it says. So we have some fairly cogent
30

1 evidence of whether these sentences are deterrents, but
2 there were 113 warrants just recently for this undercover
3 activity. There were I think 97 in August, there were
4 130 some odd in June, if I am not mistaken, of this year
5 in Vancouver, on successive days --- just looking at a
6 weekly period in October, on the 22nd of October there
7 were 40 cases on the drug list in Vancouver court, the
8 following day there were 25, that was a Friday so there
9 were not so many. Are people being deterred from using
10 or trafficking in drugs by these laws, by inflicting
11 the punishment in our courts? I seriously doubt it.
12 And I think the public hangings such as have been going
13 on, and I do not think that any other dignifying comment
14 can be made about the sentencing of drug offenders, I
15 do not think these public hangings are serving any
16 useful purpose except to perhaps cause people to be less
17 respectful of the courts who are imposing these sentences.

18 Perhaps I should stop rapping now, and
19 be grilled.

20 THE CHAIRMAN: Professor Bertrand?

21 MISS BERTRAND: I would have three
22 questions: two would deal with the legal aspects of,
23 well the legal framework which surrounds actually the
24 Narcotic Control and the third one would deal with your
25 suggestion that every drug should be liberalized or
26 legalized and not only the soft drug. The first
27 question is, what is your judgment, what is your opinion
28 as to the assertion that an offence of possession is
29 really useful to help the law enforcement officers get
30 at the traffickers?

1 MR. SIMONS: Well can I answer one of your
2 other questions in the course of this one. If you
3 legalize the substances and use control in its true
4 sense to control equality and the distribution of the
5 substances which people are going to get no matter how
6 they are made available, then you eliminate the attraction
7 to the substance for the traffickers, you eliminate the
8 profit motive and so you don't have the problem. Is that
9 (betting) your first question?

10 MISS BERTRAND: No, but it is going to
11 the third one. I will have to tell you why --- I think
12 that we should perhaps give more thoughts to the fact
13 that liberalization or legalization would take care of
14 the problem of adulterated drugs, and also perhaps I do
15 not know if you mentioned it, but others have mentioned
16 it, the criminal activities in the area of trafficking.
17 I just heard last week that the Provincial Commission of
18 Inquiry in Alcohol in Quebec which has been asked if it
19 would be a good thing to pass over the alcohol into two
20 private companies, I have discovered after some
21 years of work, that a good \$50,000,000.00 each year are
22 lost for governmental purposes and, of course, there still
23 is illicit traffic. Moreover, which is more directly
24 related to what you said, a great number of people buy
25 very expensive bottles, as a matter of fact the bottles
26 cost more than the wine actually, with very sophisticated
27 labels, French labels, to sell their home manufactured
28 wines. So it struck me at that time that perhaps with
29 the legalization we may not control completely the
30 adulteration problem; neither the black market. I suppose

1 you are aware of that, but I am wondering if you took
2 care of that in your assertion?

3 MR. SIMONS: I think so, because I had in
4 mind what I know of the English experience, I have had the
5 privilege of visiting England and I have read a good deal
6 about their experiments there with legal drugs, and I am
7 speaking now of heroin, and I have talked to a number of
8 people who have been to England, drug addicts from Canada,
9 and one recently returned to Canada, and I had an opportunity
10 to discuss this with him, and he said that in his experience
11 there was very, very little illicit traffic in heroin in
12 England while it was legal and readily available. But now
13 there is a limitation of availability because you have
14 only as much and when a psychiatrist in charge of a clinic
15 prescribes you may have, and he says that now there has
16 become an increased illicit traffic in heroin ---

17 MR. STEIN: Do they say why the English
18 Government decided to cut back on their distribution ---
19 what reason entered in if it wasn't --- do you know?

20 MR. SIMONS: No, I don't know. Except that
21 I understand that one of the side effects, one of the
22 criminogenic effects in England of illegal drugs was that
23 people were forging quite a lot of prescriptions and I think
24 that partly it was an attempt to overcome that. If the
25 drug was no longer prescribed, there would no longer be pre-
26 scriptions useful to be forged if they were dispensed with.

27 MR. STEIN: Why would they be forging the
28 prescriptions?

29 MR. SIMONS: In order to get more drugs.

30 MR. STEIN: And if they could not get more
drugs with forged prescriptions, what would they do; buy

1 | them illegally?

2 | MR. SIMONS: I suppose, but I suppose it
3 | was so easy to forge the prescriptions that they would
4 | not have to buy them illegally, and for a time I guess
5 | in England
6 | the illegal traffic in heroin/was appreciably reduced.

7 | MR. STEIN: What would you say, supposing
8 | the legal distribution of drugs could not cut down on
9 | some kind of black market; is it an assumption of yours
10 | that it would eliminate the black market? I suppose
11 | this is what we are trying to get at. Supposing we are

12 | to find out that there would still be a black
13 | market, either from questions of quality or it might not
14 | be so expensive, but would this change your view at all?

15 | MR. SIMONS: No. I recognize as in Quebec
16 | and as here with the liquor laws, even though it is
17 | available legally and we have late night dispensaries
18 | available for people, there is still a bootlegging trade.
19 | There are still people who through force of habit or
20 | appreciation of the social amenities like to go to a
21 | bootlegger to have a few drinks; they like to be able to
22 | go to a house of prostitution and have a few drinks and
23 | their sex, and either by habit or by attraction, if you
24 | like, this will continue, and there are some instances
25 | I am sure where there will be some illicit traffic in
26 | drugs. But if a good product at a reasonable price is
27 | available to those who wish to use them, and I don't
28 | think anyone is forced to, then that illicit traffic, I
29 | think, will be so reduced that it will die simply from
30 | want of profit. And what is probably almost equally
 | important is all of the attendant activities, the

1 surrounding criminal activities that you now have in
2 respect of particularly the illicit traffic in heroin,
3 the theft that is necessary, the criminal action that is
4 necessary to get the money to support the habit would
5 also be virtually eliminated. Now this obviously is a
6 guess but I think it is a rational one, and it is I think
7 a better guess to make than/in ten years they might come
8 up with some notion that some drugs are harmful and
9 therefore we should continue to send people to jail.
10 I don't think that is a rational guess to make.

11 MR. STEIN: Could I just follow on this
12 for a minute. What would your view be about the
13 desirability --- maybe that is the wrong word --- what
14 would your view be regarding the, say, life style of
15 an individual who might choose to live on welfare and
16 obtain free heroin from a dispensary unit in the city
17 of Vancouver who has made --- that is his choice, that
18 is what he wants to do with his life. Would you, as a
19 citizen, have any objection to this, or would you feel
20 this is the responsibility of the State to make this
21 kind of life style available to the individual? In
22 other words, I think this is one of the anxieties

23 we have heard expressed to us. Whether it is
24 accurate or not, now let's not get into that, but what
25 is your view whether the State should tolerate, let's
26 put it that way, that life style and/make it available?
in fact,

27 MR. SIMONS: I think the State isn't able
28 to tolerate it. It's a fairly strong indictment of the
29 State because anything that smacks of intolerance of that
30 situation speaks of social hygiene and you know, Hitler

1 was the ultimate hygeinist.

2 MR. STEIN: I'm not sure I follow you.
3 I am saying, should they make the facilities available,
4 and really make no requirements upon the individual other
5 than he has to get up in the morning and get down to
6 wherever the clinic is, and collect his welfare cheque?

7 MR. SIMONS: If they manage to get a
8 heroin addict up in the morning, that's a hell of a
9 problem. But yes, my answer is yes. I think, and I
10 should add this, that I would hope in conjunction with
11 such clinics there would be a staff of other persons
12 who would attempt to persuade that addict to get into
13 some other activity.

14 MR. STEIN: Why?

15 MR. SIMONS: To attempt ultimately to
16 encourage him to stop using as much drug as he may be
17 doing, or to stop altogether; to attempt, in other words
18 to help him to find some adequacy.

19 MR. STEIN: Supposing he feels that is
20 adequate. That is adequate in his estimation.

21 MR. SIMONS: It is essential for him to
22 make him adequate. If he wasn inadequate in the first
23 instance, he wouldn't resort to the euphoria that is
24 produced by the drug. That is my estimation.

25 THE CHAIRMAN: The gentleman at the
26 microphone? Do you wish to speak, sir? I am sorry, I
27 didn't recognize you were standing near the microphone.

28 THE PUBLIC: Thank you, sir. Mr. Chairman,
29 I would like to ask a question of Mr. Simons. Did I
30 understand you correctly, sir, when you said that in

1 court cases which you have quoted that there were police
2 officers that use subterfuge in answering questions given
3 to them by the defence counsel?

4 MR. SIMONS: You mean are there police
5 officers who don't answer frankly?

6 THE PUBLIC: Yes sir.

7 MR. SIMONS: There sure are. There are
8 officers who do answer frankly.

9 THE PUBLIC: Is it not a fact, sir, in a
10 recent case in Kamloops a police officer on a drug case
11 was charged with three counts of perjury?

12 MR. SIMONS: I don't want to comment on
13 that, I think it is still before the courts.

14 THE PUBLIC: I am sorry, sir.

15 MR. SIMONS: But there are many, many
16 cases which had citizens other than police officers
17 giving the evidence that was given in chief and in
18 cross examination and they had so contradicted themselves
19 and had stated, as occasionally happens in a case where
20 the officer has read some questions and answers that he
21 gave for example at a preliminary hearing, or at another
22 trial where he has given different evidence on a sub-
23 sequent trial and is asked whether those previous answers
24 were true, given on oath, and he says "No." I don't
25 know in my experience as yet of a police officer who
26 was charged with perjury. I know quite a few citizens
27 who were charged with perjury other than police officers
28 for similar responses given. The only action I know of
29 that was taken against one police officer was that he
30 was given a vacation from the Drug Squad for three months,

1 but he is back there now.

2 THE PUBLIC: Great, isn't it?

3 MR. SIMONS: I think not.

4 THE PUBLIC: Thank you, Mr. Simons. I
5 have no further questions.

6 MISS BERTRAND: I have a second question
7 between the first and the third. What is for you ---
8 well, as the Writ of Assistance actually stands in our
9 law, do you see that the matter for which it has been
10 created or put in this law deserves such an exceptional
11 measure; that special search, the special possibilities
12 for search are made available for police officers in the
13 case of narcotics?

14 MR. SIMONS: Well, they start with the
15 Writ of Assistance and they justify their entrance into
16 premises by the use of this Writ, and they generally say
17 that this allows them to enter because they have reasonable
18 grounds to search the premises for drugs. Now that is a
19 ruse in many, many cases. Generally, it is exercised,
20 and I think this is demonstrated largely by probably
21 everything you have heard. They use it in an area
22 like 4th Avenue in Vancouver where they can with impunity
23 enter a house, search it, leave it dishevelled or
24 destroyed, they can assault or abuse the people who are
25 in the premises because they know that there is no recourse.
26 No one is going to do anything about it. They wouldn't
27 break or walk into a middle class house in Shaghnassy or
28 North or West Vancouver or Burnaby or many other areas,
29 even armed with a Writ of Assistance. But they are
30 dealing with a class of society which they know is like

1 shooting fish in a barrel, and they can get away with it,
2 and it is easy. Why should they work hard? Why should
3 they take risks of being sued because they know these
4 young people aren't going to sue. They know an addict
5 isn't going to bring an assault action against them;
6 they know it partly of course because they are advised
7 by the Department of Justice and they are given the
8 assurances such as were given in Rex and Breizak where
9 the Ontario Court of Appeal said that a person who was
10 being choked and thrown to the ground and assaulted by a
11 police officer who said he was looking for drugs, and who
12 bit the officer's finger which was in his mouth, should
13 be sent to jail for assaulting a police officer. You
14 know, it is incredible, but it is our law.

15 I don't think I have answered that question
16 somehow, but I would like to go back to a question Mr.
17 Stein asked; do I think that we should support, if you
18 like, clinics or the facilities where heroin addicts can
19 get free heroin? Yes, I do, because it would mean
20 employing a few people to run these facilities. I think
21 that it has been accepted largely that an addict, no
22 matter how much he uses, that is if he uses the optimal
23 amount that anyone has known to be able to use heroin
24 daily, it would cost 11¢ to produce it, and distribute
25 it, or at least make it available. This is a very cheap
26 substance to prepare. I think that if we don't consider
27 that and if we are concerned about the expense of that,
28 think what it costs to keep an addict in jail. Think
29 what has been done to build (Matslie) Prison where the
30 then Minister of Justice, Mr. Fulton, having had

1 recommendations from every agency that was consulted and
2 those who weren't, to say, "Do not house all drug addicts
3 in the same place. It would be catastrophic. Have units
4 of small population in the community so people can
5 accustom themselves and adapt themselves to the community
6 in various parts of the province or the country. Do not
7 build a Matslie." Well, of course, that was enough
8 reason, I suppose. to build it. Now what has been done?
9 The courts here, our Court of Appeal in particular, have
10 accepted letters from the Warden of Matslie Prison saying,
11 "We need three years to cure drug addicts." Our programme
12 requires that they have sentences of at least three years
13 so that we can submit them to our cure or whatever it is
14 here, which of course is impossible, and I think every
15 person that has inquired into it knows that a cure is
16 impossible. But they say this and the courts accept it,
17 and when a person is appealing his sentence, to have it
18 reduced for example from one year to something less than
19 one year, occasionally it was occurring in our Court of
20 Appeal, that the sentence was being increased to three
21 years for simple possession of heroin, because the
22 person was an addict and because they had a letter from
23 the Warden who said, "We need them for three years."
24 Well now, that occurred for women as well as men. Now
25 we are faced with the situation where women are no
26 longer to be housed in Matslie Prison. Drug addicts who
27 have been sentenced to three years, as female drug
28 addicts have been sentenced to three years so they
29 could benefit by the programme at Matslie, are now being
30 sent to Kingston from Matslie. They are being shut down

1 altogether. Matslie Prison has now been opened up to the
2 entire penitentiary population. It is no longer a drug
3 centre. And you know, I don't know what we have to do
4 to recognize that we are practising mythology.

5 MR. STEIN: One other question still
6 related to whether or not you see it as desirable to
7 make heroin available in clinics, would you have any
8 concern about this in relation to age? In other words,
9 what about fifteen, sixteen, fourteen year olds? You
10 pick the age. Should there be any discretion in this
11 matter in your view?

12 MR. SIMONS: Sure. You afford it only to
13 addicts.

14 MR. STEIN: Age is not relevant?

15 MR. SIMONS: How can it be relevant if the
16 person is addicted? Do hospitals decide that twelve year
17 olds can't get treatment because they have a social
18 disease, because it is immoral? How do you distinguish
19 at what age a person should or should not receive medical
20 treatment? Addiction is an illness, it is a medical
21 illness. I hope we can agree. Do you treat people who
22 are ill whether they be alcoholics or people with
23 psychotic difficulties by putting them into jails, or
24 do you treat them in a reasonable sense in the community
25 where they can function, because they certainly can't
26 function where they are taken from the community and
27 innured to an institutional procedure, and then turned
28 loose.

29 THE PUBLIC: I would like to bring up two
30 things: one, that if anybody has done any research into

1 how the laws on marijuana came about in the United States
2 and in the world, they will find that those laws were
3 brought on by puritan ethics and not by scientific facts.
4 That is for that lady who is from the Jaycettes
5 who wanted more scientific fact. The laws banning
6 marijuana were brought on by no scientific fact, only
7 by people's puritan ethics, ethics that were put on by
8 the U.S. Federal Bureau of Narcotics, that marijuana is
9 a killer drug, it leads to murder, it leads to rape.
10 This is the kind of thing that they said before the bills
11 were passed in the United States. This is the kind of
12 thing that brings mass hysteria to people. All I do is
13 that I propose we listen to both sides on this, but we
14 don't listen and say this side is right, and that side
15 is wrong. I say we compromise on a lot of the drugs. I
16 myself cannot see that heroin should be legalized.

17 MR. SIMONS: Why not?

18 THE PUBLIC: I have never used it though.

19 MR. SIMONS: Why not?

20 THE PUBLIC: Because I think it has proven
21 to be detrimental to society.

22 MR. SIMONS: In what way?

23 THE PUBLIC: Well, all we can go by is by
24 the people who use it now.

25 MR. SIMONS: What do you mean? What are
26 they doing that is detrimental to society in using heroin?

27 THE PUBLIC: Well first of all they are
28 breaking laws, which --- because it is illegal, right.

29 MR. SIMONS: And what else?

30 THE PUBLIC: Well I can see your point where

1 heroin should be legalized.

2 MR. SIMONS: That is the quickest convert
3 I think that I have ever had.

4 THE PUBLIC: The kind ---

5 THE CHAIRMAN: Could you speak more
6 closely to the mike?

7 THE PUBLIC: Incidentally, I am a heroin
8 addict for twelve years, and I have been here almost
9 all day and I have been listening to people who are
10 trying to promote their point of view with regard to
11 marijuana, and it seems to me that they are kind of pseudo
12 liberals like they readily agree with the establishment
13 society's point of view with regard to heroin.

14 I think the guys promoting the marijuana point of view
15 are cutting themselves away from the heroin addicts, and
16 I noticed that in your address there. I would like to
17 ally myself with Mr. Simons with regard to the legaliza-
18 tion of heroin. I was just released from Matslie about a
19 month ago, and as I have said I have been a heroin addict
20 for twelve years and I am using heroin now and the
21 situation with regard to me is not whether I have been a
22 user. I am definitely going to use. I don't even
23 concern myself with trying not to use any more, because
24 it is pointless. I am going to use, and the only thing
25 that is at issue is how society wants to react to my
26 using. They continue to react in the fashion that they
27 are which is to arrest me and put me back in jail which
28 serves no purpose whatsoever, I am just going to use again
29 when I get out ---

30 MR. SIMONS: What about the deterrence of

1 jail

2 THE PUBLIC: There are absolutely none.

3 There is no deterrent to putting drug addicts in Jail. I
4 don't think that the use of heroin is an intellectual de-
5 cision, it is something that you should think about anyway,
6 it is something that you do. But as I do not think about
7 it any more. I just more or less --- if that is the way
8 it is going to be, I am going to use heroin, and the
9 only thing at issue is how society chooses to react to
10 my using. Right now they have created a situation where
11 as well as being a heroin addict, I am a burglar because
12 I have to steal about \$60-\$75.00 a day to support my
13 heroin habit, and the reason it is so expensive is because
14 I have to buy illicit heroin; I have to buy heroin off
15 of people who have to make quite a bit of money, and the
16 reason they have to make quite a bit of money, is they run
17 a risk in that business and they charge like \$15.00 for
18 a grain of heroin. I use four or five grains a day right
19 now, and I have used as many as thirty a day. Consequently,
20 I have to resort to illegal means to obtain that money.

21 Society has created this situation. The
22 issue is not whether I am going to quit or not, it is
23 whether they are going to continue this situation whereby
24 I am going to steal to obtain the large amounts of money
25 that I need to obtain the heroin, because I am going to
26 use. Now they can create a situation whereby that I can
27 get the heroin in a legal fashion, and then possibly
28 the police may disagree with that, but I would suggest
29 that I be willing to accept this halfway measure and in
30 some way conform to this normal social behaviour; in other

1 words get rid of the burglar aspect of my behaviour.

2 DR. LEHMANN: How do you explain that
3 quite a number of heroin users take methadone?

4 THE PUBLIC: Well they take methadone for
5 a couple of reasons. Methadone is --- there is a lot of
6 nonsense and garbage associated with it. Very few heroin
7 addicts take methadone. If you give them both situations,
8 you put heroin and methadone there, they will all take
9 heroin, but because of the thought that they take heroin,
10 a lot of them are afraid of the position where they go
11 into jail and getting the large amounts of money becomes
12 too much pressure for them, and what heroin addicts call
13 it, "they blow their (whif) they lose their whif."

14 DR. LEHMANN: You make an intellectual
15 decision to take methadone rather than heroin?

16 THE PUBLIC: Perhaps it is emotional. There
17 is a lot of emotion involved. Maybe they don't have the
18 fight any more to get the amount of money like I say. Also
19 most of those on methadone will only last for a short time,
20 but will use methadone for maybe six months, but then most
21 of them will be right back to heroin, and the Narcotics
22 Foundation is a varying establishment, it is an establish-
23 ment, sort of a place that is very institutional where
24 they dictate just how you will live your life. They
25 will not just give you methadone; they demand that you
26 be there at a certain time of day, they demand that you
27 do things in their way. In other words, they take over
28 the control of the way that you live and a lot of people
29 eventually rebel against that. They have not got a
30 very good name amongst drug addicts. They are not

1 popular, let us put it that way.

2 THE PUBLIC: May I direct a question?

3 THE CHAIRMAN: Yes.

4 THE PUBLIC: Mr. Simons, do I understand
5 you correctly when you said there is no cure for this
6 addictive habit; that an addict could not be cured?

7 MR. SIMONS: Yes, if we mean the same
8 thing by cure.

9 THE PUBLIC: Well I mean that he departs
10 from the use of such addiction.

11 MR. SIMONS: Do you mean he stops using
12 drugs entirely, or shifts to something else, a substitute
13 like methadone?

14 THE PUBLIC: No, just an absolute stoppage.

15 MR. SIMONS: I tend to accept the state-
16 ment made to me by a person who we describe as an addict,
17 who if you ask him if he was cured he says, "I am today
18 and if you want to know about tomorrow, ask me tomorrow."

19 THE PUBLIC: But I would also find that
20 in a case like this, can't a reasoning, can't a
21 reasoning human being see that such a life is pure
22 slavery to a habit that does not promote anything good
23 whatsoever?

24 MR. SIMONS: I think the difficulty that
25 arises and I think what we have been discussing here is
26 that is a value judgment. You cannot think you would
27 get any good from it, and so you do not think that it
28 will do anyone else any good.

29 This man that just spoke probably thinks
30 that that is the only way that he wants to live, and that

1 he can live, and I suppose that his notion is that it
2 does good for him.

3 THE PUBLIC: But think of all of the other
4 people that he must rob to support this.

5 MR. SIMONS: That is because of the price.
6 If aspirin went up to \$15.00 a tab (applause) --- would
7 you quit using aspirin?

8 THE PUBLIC: But I do not use them as it
9 is.

10 THE CHAIRMAN: There is a gentleman at
11 the very back there.

12 THE PUBLIC: My name is Dr. Hurd, the (section)
13 President of the (Psychiatrics of B.C.) I want to say,
14 Mr. Simons, that there are addicts that are cured. It
15 is a matter of what motivates them to come to treatment,
16 and not many come to treatment, because not many
17 want to get rid of the habit. But those that do, can be
18 cured.

19 MR. SIMONS: But can you give a prognosis,
20 Doctor or a statement, categorically, that they will
21 never use again?

22 THE PUBLIC: Marvellous.

23 MR. SIMONS: I am delighted to hear that.

24 THE PUBLIC: There is about two out of a
25 hundred.

26 But you see, your statement was that no
27 one ever gets rid of the habit.

28 MR. SIMONS: No, I am sorry, that is not
29 what I intended. Thank you for correcting me, Doctor.
30 Some people stop using heroin. I have known people that

1 say they have not used heroin for years after being wired
2 for a long time, but they are very rare.

3 THE CHAIRMAN: We are falling a bit behind
4 on our scheduled briefs. I think we should call on Mr.
5 David Pellin of the Activators. Thank you, Mr. Simons.

6 MR. SIMONS: Thank you.

7 (Applause)

8 THE CHAIRMAN: If Mr. Pellin would be
9 seated at the table, there is a gentleman at the micro-
10 phone there.

11 THE PUBLIC: I wish to take a number of
12 issues with Mr. Simons with regard to a great deal of his
13 statements concerning the practice of the law of which he
14 is a member; as he is a member that practises the law, he
15 seems to be insinuating that justice would prevail within
16 the court system, and you brought up these beatings and
17 making deals and what have you. And I have just come
18 through that particular hell or fire or whatever, and
19 after thirty-one months, and it really was very distasteful
20 and it is not reasonable. And people made appeals to me
21 and I was caught in Montreal for bringing hashish into
22 the country, and the lawyers are not interested in telling
23 the truth any more than the other side is interested in
24 telling the truth.

25 THE PUBLIC: Hear, hear.

26 THE PUBLIC: Where a lawyer is interested
27 in telling the truth, he would get his client to admit
28 either: A, guilty; or B, not guilty; but not as in my case
29 stand for a \$1,000.00 and try to beg the question, so that
30 perhaps the RCMP that did come to visit me, we would make

1 a deal so that I could turn in some of my friends, and
2 not collect seven years, but instead perhaps be guilty
3 of a lesser charge of possession for the purposes of
4 trafficking.

5 The lawyers are no more interested in
6 the truth than is the prosecutor. Justice does not exist;
7 it is the game of law, and these people play their roles
8 accordingly. And the lawyers go through their motions and
9 the prosecutor goes through his, and the police jump on you
10 because they are angry and the dogs often bite the sheep,
11 and this is very distasteful, and you in turn --- man's
12 inhumanity to man does not end because someone hopes that
13 justice will prevail. I have yet to see it. I have went
14 to a number of institutions, Bordeaux, St. Vincent, B.C.P.
15 and finally Williamhead. I am sorry, I have not gleaned
16 all the information, I have just been released from William-
17 head, and I do not know what has transpired here today,
18 perhaps I am just going through what we have gone through
19 before, because I have no way of knowing, but I do know
20 what I am interested in is what motivates people to take
21 drugs. Like why do people have to escape? I was one of
22 them. What is it that drives me to want to destroy myself.
23 Why do I want to stick a needle into my arm filled with
24 any number of substances and try to do myself into some
25 euphoric state that will get me out of reality? Why
26 am I so bored or lacking in Whatever it is, and we seem to
27 be begging a good deal of questions. Perhaps Mr. Stein
28 came very close in saying, like how would you associate
29 a person who says, "for my entire life I wish to sit on
30 my backside and collect welfare, and like, you pay the

1 shot baby, because I ain't doing nothing and it's my trip."
2 And he says that. Now, is the society going to turn around
3 and say, like, "well I'm going to take an electric prod
4 and prod you in some way; A, I'm going to put you in
5 prison, or B, I'll beat the hell out of you," or any
6 other number of ways to try and get you to do something.
7 Taxpayers can take a certain amount, and uninformed
8 opinion can take a certain amount and the risks that we
9 run, is that perhaps someone with an iron fist in a
10 velvet glove will come along and say, "well you were a
11 trafficker", shoot them, like. In Iran they shot forty-
12 five so far this year. Perhaps we will do any number of
13 things like we all seem to do something that is against
14 the law. Maybe we will all be rounded up. I don't know.
15 I want to know why we need to be motivated by another
16 drug when there is so many things in society as it is.

17 There was a woman that I listened to
18 like Mrs. Campbell who had an interesting point, said
19 the interesting thing most children want to emulate
20 adults. I wanted to emulate adults, and I tried a number
21 of things. This is a highly unpopular view, but when I
22 was my parents drinking, I wanted to drink. When they
23 smoked, I wanted to smoke. There are people who say
24 educational processes will work. Given reason,
25 people will make the choice. But doctors have been
26 saying cancer comes from cigarettes. I have sat in this
27 room with people smoking for two hours. It simply does not
28 get across. Reason does not prevail. We need guidance.
29 We need to be told. We need laws. Now, is it a good law;
30 you know?

1 I would like to know, Mr. Simons, why
2 should we not have laws; why should society say, "no,
3 in this case hashish and marijuana should not be legalized."
4 That is my opinion. I have got my credentials. I have
5 tried the great drugs; I have talked to a number of people
6 who have tried drugs. All of them come to the same
7 conclusion. One, it is a temporary relief until I can
8 find something better, be whatever it is I am going to
9 stay on this particular merry-go-round or whatever it
10 is, and I just see no good. The worst advocates of
11 marijuana happen to be the people who are hanging around
12 on streets listening to comments over airwaves, such as
13 you know, they are the great unwashed, the rabble that
14 should be whipped, and what have you, and take them into
15 the Public Square and little old ladies get --- you know ---
16 really vehement and want to beat everyone, and after a
17 while a good many people say, "Well, maybe, maybe." There
18 are terrifying things coming about in this permissiveness.

19 My opinion is that, like the child, if we
20 can manipulate the great Father because this is only a
21 further game; if we can manipulate the great Father,
22 the Government into one further move, we will be able
23 to sit back and say well, we did it. Now we can smoke
24 grass or shoot heroin or do acid. Now let's look
25 around for something further. Where else do we go
26 now?

27 Anyway, thank you for the opportunity of
28 speaking.

29 THE CHAIRMAN: Thank you.
30

1 Mr. Dunlop, would you like to introduce
2 your colleagues representing the "Activators"?

3 MR. DUNLOP: On my right I have Dorothy
4 Hall; Richard Williams --- sorry, on my left --- on my
5 right, Mr. Sterling Uden.

6 THE CHAIRMAN: Could you speak closer to
7 the microphone?

8 MR. DUNLOP: The reason that I brought three
9 people with me tonight is that I wish only to make a
10 brief introduction and then allow them to speak for
11 themselves, as to what the "Activators" have done with
12 regards to drugs, and the people who use drugs. Tonight
13 I have heard a lot of talk about the good and bad of
14 drugs, and a lot of talk about "why not drugs?" The
15 "Activators" feel that there is no such thing really as
16 good and bad, but that there are only things which are
17 destructive and non-destructive. I think the question you
18 have to ask yourself in regards to drugs as a citizen is
19 if you are truly concerned with the welfare of the
20 individual and you want to take drugs away from them, what
21 do you replace it with? And the "Activators" feel --- we
22 feel that to replace it with an education, particularly
23 an education in self knowledge, is one answer or one
24 direction.

25 The things we have discovered from people
26 who use marijuana in particular, people who come into our
27 unit that is, is that they have suffered quite a bit,
28 and they say their suffering is because of the drugs.
29 This is what they say to us. We have found that there is
30 a definite change in behavioural pattern with people who

1 use marijuana and other drugs excessively; their sense
2 of responsibility in regards to themselves and in regards
3 to other people diminishes considerably. We find that
4 they can take on certain kinds of responsibility, that
5 is, the people that we have dealt with who we have had
6 experience with, but they can't take on the kind of
7 responsibility that requires emotional strength. For
8 instance, an excessive marijuana user as in one case that
9 was in the unit, made a great musician and he made a
10 living at it, and he was a good musician, but he couldn't
11 do anything else. In other words, he couldn't think in
12 two directions at once, he could only think in one
13 direction. And we feel that this is due to the use of
14 drugs. We feel that there is a lot of hurt caused
15 through using drugs, and that this could create a kind
16 of vacuum in society if people do become inadequate
17 through the use of them, and we feel that some people do.

18 We are not interested in moralizing about
19 drugs. A permissive society could be dangerous, but I
20 think also that punishment can be dangerous. The use of
21 marijuana or any drug is just one form of escapism, as
22 one gentleman mentioned. And we see this escapism as
23 a perverted kind of rest, that the human being needs to
24 rest from different stresses and pressures. And any
25 kind of an escape is a perversion of that rest, marijuana,
26 alcohol, or just sitting in films all day is a kind of
27 escape and a perversion of rest. We say that, although
28 we are not dealing primarily with people who use drugs
29 or with drugs, who are questioned, we say that the person
30 who is hurt through drugs or through anything should have

1 an education in what they are, who they are, how they
2 can relate to the rest of society and we provide this
3 education. And these people that are with me tonight
4 want to talk about their experiences with drugs, and
5 their experiences with the "Activator" programme and
6 how they feel about that.

7 So I will turn it over to Rick Williams.

8 MR. WILLIAMS: It is kind of strange
9 speaking into this thing sticking into my mouth.

10 When I first walked in here this evening
11 I was listening to many people and my interpretation was
12 that they were speaking through social authorities and
13 they weren't getting down to the problem itself. You
14 know, for instance, they were giving examples from the
15 distance and not personally. I will give you a brief
16 account of my history as a person who ran into diffi-
17 culties early in life, turned to marijuana as an escape,
18 found those difficulties horribly manifested. I think
19 the term is "spaced", no communication. I think I had
20 two people in this world that I could communicate with.
21 By chance one evening I went up to this girl friend of
22 mine's place at that time, and her mother recognized
23 that I was going through some kind of hell, and she
24 suggested, she heard of a place called the "Activator"
25 unit. I had come to a realization that the direction I
26 was going was useless, it wasn't getting me anywhere,
27 I wasn't getting anywhere near my aspirations for filling
28 my own image, so I went over there that one evening, and
29 introduced myself to Mr. Pellin who is not here. Since
30 that time I have come to know myself better. I do have

1 difficulty speaking in front of people, to people, those
2 who I can't communicate with. But I do know this, I can
3 communicate with people, with those who first went to the
4 unit. And I contribute my personal success to this today,
5 to my existence, and without it I don't know where I
6 could be as a person. I would like to mention also
7 that it has been over two years since I indulged in any
8 kind of hallucinogenics at all, and I don't think I can
9 be any worse of a person for it. I do have my escapes
10 now. They are, you know, shows, and such other
11 activities. But also I would like to come back again
12 and say that as a result of the "Activator" unit, I
13 have come to know myself a lot better as a person and
14 understand society, and the way it works a heck of a lot
15 better too.

16 Thank you.

17 THE CHAIRMAN: Anyone else?

18 MR. DUNLOP: Dorothy Hall.

19 MISS HALL: I guess I am about in the same
20 boat as Rick. I was on hallucinogenics and LSD for about
21 a year I guess steadily. I thought it was great at the
22 time. There is nothing like it, it is a beautiful
23 fantasy but that's exactly what it is. It is a fantasy
24 and my reaction to the problem, other people's problems
25 and the problems of the world as a whole, and I can't do
26 nothing about, even still was that why should there be
27 problems when things are so beautiful.

28 I have been going to the clinic for about
29 a year, and I think I was quite a mess when I walked in
30 there. It was pointed out to me right away. I kind of

1 began to realize the space I was in after I walked in
2 there. I started doing something about it, and I learned.
3 I felt like I know myself a lot better, I feel like I am
4 communicating with people a lot better, and I really
5 admire the work the clinic is doing, and I feel it is
6 really a good thing to be able to go in there, where
7 there is a place where you can actually learn about
8 yourself, and learn how to deal with your problems.

9 I guess that is about all I have to say.

10 MR. STEIN: Could I ask the two of you,
11 or perhaps I should let you go on.

12 Go on, I'll wait.

13 MR. UNDEN: I prefer to address my remarks
14 to the use of soft drugs, marijuana and hashish. The
15 soft drugs which make a very beautiful world for a moment,
16 a very beautiful world of something like peanut butter,
17 and eating peanut butter sandwiches and sitting around
18 in the room and enjoying a peanut butter sandwich, and I
19 am sure a lot of people, you know, know what I'm talking
20 about. And then when I say this: "Who is going to get
21 up and make the peanut butter sandwich", that is the
22 question, you know what I mean. Because your energy.
23 So now I am communicating with a few people who have had
24 the same experience as I have had. The energy to do
25 things in my experience seems to be taken away from you
26 with very much use, or with even a small amount of use
27 of drugs.

28 Now, I had no idea of this when I first
29 considered taking them. I was living in a place where
30 it was a socially acceptable thing to do, and coming from

1 a pretty straight background I made some inquiries, and
2 I looked, even, incidentally, at some pamphlets, and
3 I found the official pamphlets just didn't jive with
4 what was said by the people with personal experiences;
5 and indeed my own first hand experiences. So in my
6 evaluating in my straight state before drugs, I couldn't
7 find anything to me that was real against them. Now I
8 had been on them for a year --- two years ago --- I have
9 been off them for two years, and I have a very strong
10 personal conviction about who is going to make the
11 peanut butter sandwich, who is going to find the energy
12 to do something that is taken away from you with the use.
13 I think this is borne out through my experience politi-
14 cally. Before using the drugs I was very active politi-
15 cally and I seemed to have a number of energies at my
16 disposal. After that, I went into a couple of
17 election campaigns as a worker, and just found that I
18 just didn't have the energy to do it. So now --- you know
19 what I mean about the energy --- I would like to talk
20 about something about that other beautiful world that for
21 awhile the communication grows really good, and then for
22 awhile there seems to be no communication at all, because
23 the world where there is no communication at all is the
24 one that you end up with. The paranoia meaning, what
25 does it mean? You look at the object and the objects
26 start asking you the existential questions, what am I
27 doing here, what is death, what is life? And the intell-
28 ectualizations which a lot of university conversations
29 or any kind of conversations which go on, these
30 questions start glaring at you when you are high. Now

1 in something later on, maybe you go to a show and you
2 come out and it is a three dimensional world instead of
3 a two dimensional world, something reminds you of that
4 other world, and those fears come back. And the more
5 you use it, the more things there are to remind you of
6 that other world, and if that other world became a
7 very fearful world, you whole world becomes a very
8 fearful world. And in that state, I walked into the
9 "Activator" unit after being introduced to Mr. Pellin
10 through Dave Burner, X-Kalay. He can shock you into
11 something when there is something wrong, and if there
12 is something anyone can do about it, that was Dave Pellin
13 and Burner certainly shocked me into thinking there was
14 something wrong in addition to what I had been aware of.
15 And I think Mr. Pellin is largely responsible for my
16 being able to go to a show, to walk down a street, to
17 go into the Simon Fraser University without a real gut
18 feeling of paranoia, something that I didn't have before.

19 I don't know anything else to say.

20 MR. STEIN: Could I ask you all a question
21 about what your feeling now is regarding the desirability
22 of someone having compelled you to go to the "Activator"
23 unit? In other words, you all seem to think it was a
24 good thing, you found your way there. Did you see any-
25 thing --- is it something that only works if it is a
26 voluntary situation, or is it possible that someone
27 could have at a time --- at a previous time when you may
28 have been using drugs, could have come along and said you
29 have got to go. How important was it that it was a
30 voluntary thing for you?

1 MR. DUNLOP: I think it could have worked
2 in my case for a person to choose of their own free will
3 and there is also cases where it could not work. You
4 cannot work with all people.

5 MR. STEIN: (inaudible) at the
6 time that you had been users of drugs to go to this
7 particular facility, do you feel that you would have had
8 the same particular type of experience?

9 MR. DUNLOP: Talking about two drugs,
10 I would face your question about fantasy. I cannot answer
11 because I do not know. It is hypothetical.

12 MR. UNDEN: I think you are still looking
13 to communicate. You try somebody
14 down there that will try to communicate with you, and
15 I think you could find a number of people that you could
16 communicate with, but if you are not going to communicate,
17 then it is not good at all.

18 THE CHAIRMAN: Gentleman at the microphone?

19 THE PUBLIC: Yes, my first statement would
20 be directed to the man about his peanut butter sandwiches.
21 As far as his feeling about the influence of marijuana
22 as far as sapping his energy goes, I know numerous
23 instances where people have found themselves more
24 active under various influences as writers, as Abbe
25 Hoffman who wrote a book in a very short time, and
26 completed it and he was under the influence of hash,
27 and this is what kept him going as a stimulant. Now,
28 I would like to direct a question and the question is
29 that I have heard some rumours and is there any truth
30 in the fact that one of the Commissioners or Chairman

1 has been charged with possession of hashish?

2 THE CHAIRMAN: When did you hear that? I
3 want to know how recent your information is.

4 No, I think you are making reference to a
5 news item which was published last week that one of the
6 --- someone who was recently engaged to work on a part
7 time basis for the Commission as a participant observer
8 was charged several weeks prior to being engaged by the
9 Commission, had been charged / several weeks prior to his
10 connection with the Commission, and this was brought to
11 the Commission's attention. He was engaged under the
12 impression erroneously, under the impression that he had
13 been cleared of the charge, or that it was to be dropped
14 and now his work has been suspended pending the outcome
15 of the charge. But he was not charged with this
16 conduct during the time that he was working for the
17 Commission.

18 THE PUBLIC: Thank you, Mr. Chairman. I
19 would like to continue with this statement that I tried
20 to make this afternoon, but unfortunately we ran out of
21 time. This afternoon I heard evidence or information had
22 been given that certain so called hallucinogenic drugs
23 were physically harmful. Now whether this evidence is
24 substantial or not, I think it should be considered as
25 well as more information on the physical aspects of all
26 drugs needs to be gathered as quickly as possible, so
27 that this information can be used. I think there is a
28 factor of time here that/needs to be done. I have not
29 heard of any hospital of any scientific mass gathering of
30 data or information. As well to me it seems that it comes

1 out to a degree of severity in dealing with physically
2 harmful drugs. Last night I spoke to a gentleman who is
3 a longshoreman. His doctor recommended to him that he
4 switch from alcohol to marijuana. I have heard of other
5 stories as well where doctors recommended a switch from
6 alcohol to marijuana. What is more important too, perhaps
7 in light of this, that a Commission should be set up to
8 investigate restrictions on alcohol and tobacco rather
9 than Commissions such as y ours. However, that is not my
10 point. I feel that the drug question is primarily socio-
11 logical. What causes drug usage is more relevant than the
12 question of what are the causes from drug usage. Your
13 inquiry, I think, should consider as most important the
14 social problems affecting the drug users. If the social
15 problems continue, and if the social circumstances prevail,
16 the imposition of strict drug laws will only seek and
17 bring out alternatives that could have more destructive
18 results than marijuana. I urge you therefore to recommend
19 as soon as possible the elimination of the present drug
20 laws, and to channel your efforts on the channels of
21 social reform.

22 THE CHAIRMAN: There is somebody at the back
23 of the room. Yes, would you like to speak?

24 THE PUBLIC: I have heard someone speak
25 before, the "Activator" unit mentioned that the reason they
26 were using drugs was for an escape, and I think that
27 in actuality sleep could be termed as an escape, and
28 that part of the problem that there are bad trips, or
29 whatever they had, might have been possibly that they
30 were using it as an escape and that they were not using
it to get high. I have used it for many years, and I do
not think that I use it as an escape. I think that I use

1 it just for the pleasure of it, not to get away from
2 anything.

3 Also the second speaker was mentioning
4 that before he started and went into the marijuana scene,
5 that he was also not very stable, like he was mixed up
6 and that is why he went into it. I concede that using
7 the drug could possibly amplify his paranoia or whatever,
8 if
9 but/he would have been in a stable state of mind that he
10 would not have gone on a bummer, and that he might possibly
11 today still be using the drug.

12 Thank you.

13 MR. DUNLOP: He is right. The use of drugs
14 is an escape like sleep. If you are a chronic oversleeper
15 and you have a job to do, that is a problem because
16 if you can't make enough money to survive, you are going
17 to suffer. I would say that using marijuana in terms of
18 an escape can also cause you to suffer in that way. And
19 also in regards to the last thing that he said, if he
20 concedes that there are people around who are not stable,
21 as he says he is, then isn't that a strong argument for
22 the non use of drugs, if they are not stable, and the
23 drugs can affect them and harm them, then they have to be
24 kept away from them in some fashion. I am not arguing
25 for punishment or police protection or anything like that,
26 what I am arguing for is an education in the area of what
27 escapism means, and why people do escape. And even the
28 stable ones try to escape. Even the stable ones get
29 hurt. Human beings are not perfect.

30 THE CHAIRMAN: Could you tell us how you
do it?

1 MR. DUNLOP: We educate. We teach a course
2 in human behaviour. It is a philosophy.

3 THE CHAIRMAN: Can you give us a little bit
4 more concrete detail of what it consists of?

5 MR. DUNLOP: It consists of two aspects of
6 the human being, the emotional or the feeling part, and
7 the doing part of the human being or the authoritative
8 part. In other words, we all have an unconscious being.
9 There are things about ourselves that we are not aware
10 of and that we could never possibly be aware of all of
11 ourself, and we have also a conscious side where we are
12 very conscious in what we are doing and what we are
13 presenting. We have an authority or a contribution, and
14 that is the philosophy in a nutshell. It is broken down
15 any formula
like/before you can deal with it, before you can understand
16 it, it has to be broken down in many ways. We break it
17 down into lectures on authority, and lectures on the
18 unconscious self or the self identity or the self that I
19 see in another person. Your self identity, I could
20 probably tell you more about than you could tell me
21 about, because it is unconscious.

22 DR. LEHMANN: Do you talk with people or
23 to people, or do you work in groups?

24 MR. DUNLOP: We do all of that. We are
25 not interested particularly in getting with people's
26 problems when we come to the door. We are not interested
27 in listening to their problems particularly. What we are
28 interested in doing is giving them a framework, an
29 education, and then allowing them to use that creatively,
30 to make their own way, to follow their own directions. It

1 is just a basis for them to live by.

2 DR. LEHMANN: And as a result, many of them
3 do not need to take drugs any more?

4 MR. DUNLOP: As a result, many of them
5 realize that this thing called recognition in the human
6 being is a very important thing and that if you are
7 trying to get recognition from other people through
8 perverted means, through negative means, then you are
9 following a destructive pattern.

10 For example, a psychopath --- that is a
11 bad example. Excuse me. Can you think of an example?

12 DR. LEHMANN: But the fact is that they
13 take drugs much less frequently, or they give up taking
14 drugs?

15 MR. DUNLOP: Let me go back to what I was
16 saying. If you are involved in a drug group, then all
17 your recognition comes through the use of drugs, what
18 you can say about it, talk about it, and you create a
19 kind of a cult and you get recognition through drugs,
20 through the use of drugs, your attitude towards it. As
21 I have said before, escapism to this degree can cause
22 harm. People can become hurt. What we are trying to
23 teach is that you can get recognition from other people
24 in very constructive ways, very realistic ways, and in a
25 less hurtful way, because we feel that recognition brings
26 a human being a satisfaction with his life. The more
27 recognition you get, the higher you get, the more
28 satisfied you feel.

29 DR. LEHMANN: So you replace the drugs,
30 and you do not need to use them any more; is that it? Do

1 you replace the drug with something else?

2 MR. DUNLOP: That is right. We replace
3 it with something else. Sterling wants to say something.

4 MR. UNDEN: If you need to escape and you
5 are using drugs, you learn that there are other ways of
6 escaping, like going for a sail in a sailboat out on the
7 Bay takes all of your attention, and that is very good
8 escape if you want to get away from school/or any problem.

9 Now, getting on and doing that, I do not know, there
10 seems to be a push. The "Activators" say that it is
11 what you do that counts, not what you talk about. The
12 drug cult or the recognition you get in drugs is all
13 talk, what did you take, how much did you take, what
14 kind of trip was it, all these things, all talk. The
15 "Activators" say the reality of life is what you do, and
16 if you are going to have some reality, even in your
17 escapes it is going to be a doing escape. So, myself
18 and two other guys, we built ourselves a boat and we
19 want to escape, we go out on the boat and almost tip
20 the boat over, and that is our escape. And other things
21 like this. So you replace your escapes with things
22 that don't harm you.

23 DR. LEHMANN: I am sorry to be so stubborn
24 with my question, but is there reduction of drug use?

25 MR. UNDEN: Definitely.

26 MR. DUNLOP: There is a complete halt in
27 drug use.

28 THE CHAIRMAN: Lady at the microphone?

29 THE PUBLIC: Talking of escape, I some-
30 times think there is a lot of wives who have got husbands,

1 or fishing husbands who almost wish their husbands would
2 escape through marijuana. At least they could sit and smoke
3 with them and trade conversation. This word escape is
4 being used more constructively. These boys are admitting
5 they escape in some ways too. I don't like the word es-
6 cape when it is used to infer that people who use marijuana
7 are escaping from something. Well, symphony buffs escape,
8 or a bookworm is escaping from something. Marijuana
9 I do not think is any different. Some people do that
10 instead of spending a night boozing or whooping it up.
11 They take marijuana. I do not think there is ever
12 going to be a world where we are not going to have
13 some form of escapism. And I look at people who don't
14 drink, who don't smoke, who live the most upright,
15 virtuous life, these people are escaping with a vengeance.
16 And I guess I used that word vengeance in what could be
17 called a Freudian slip because these people are most
18 vengeful, they hold their upright life up in front of
19 everybody and from young people as well as old people.
20 Now the question is being raised why do people want
21 to escape, and I would use escape in the negative sense
22 of the word where kids really do freak out more often
23 than they should. I am inclined to blame this on the
24 educational system. I know I have just been escaping
25 out of a bag that I was brought up in. Fortunately
26 there were little holes all the way around, so it was
27 well ventilated. But I have only just learned to speak
28 up, to dissent, to protest, and it has taken about twelve
29 years. And I am still learning that you really --- you
30 are deferential to the minister, to the judge, to your

1 Government. They are representative. You are supposed
2 to be respectful of them, so you are not quite as out-
3 spoken as you should for fear that you are being rude,
4 when this is not rudeness at all, it is speaking the truth
5 and the truth often hurts. Now Oliver Wendell Holmes
6 put it very succinctly many, many years ago. He said,
7 "The longer I live, the more I am sure of two things:
8 one, that the true personality is cut rose diamond
9 fashion to reflect the many aspects of the universe
10 around us. And the second thing I am equally certain
11 of is that society is continually hard at work trying to
12 grind us down to one flat surface. And it is exceedingly
13 hard to resist this grinding down process." Now here was
14 a man born with a silver spoon in his mouth, received
15 acclaim, talented. Now whether it was the father or
16 the son, one was an eminent doctor and a poet, and the
17 other was a Justice. One or other of these recognized
18 this fact, what is it like for the average person who
19 is constantly being put down. He is being put down at
20 school. John (Holt), an eminent educator writer wrote
21 recently in a book of his while schools are supposed to
22 teach the democratic values, what they really teach is
23 practical slavery. He also said that they turn you off.
24 They are designed to turn you off. At the end of grade one
25 children are well on the way to being turned off, and
26 then people wonder why kids don't dare to speak out.
27 You are put way down, every way, shape and form, and
28 this form of escape I can understand. But it can be
29 avoided. As I say, it takes a tremendous battle. Now
30 maybe the group over there have been able to do something

1 | to help them, but we have to find other ways of doing it.
2 | I don't know what the answers are, but we have got to
3 | change our system. One of the ones could be day care
4 | centres where children are taken out of the environment
5 | of a limited --- two people who themselves are being
6 | programmed. They have got to go out into an environment
7 | where it is far more total, where they are being brought
8 | into conflict if necessary, all sorts of different people,
9 | education outlets out of the narrow confines of the home,
10 | which of necessity is limited and brought into all sorts
11 | of different points of view. I don't know the answer is;
12 | I am frightened for the future because I see more and more
13 | programming, and what is happening in Quebec is one of the
14 | most frightening things I have seen happen anywhere. It
15 | seems rapidly to be turning into a police state. I could
16 | go on all night but perhaps maybe I have offered some
17 | things to challenge. What the answers are, I don't know,
18 | but at least if we can see something that has to be done,
19 | maybe we will arrive at the answers.

20 | Thank you.

21 | (Applause)

22 | MR. CAMPBELL: I just wonder, do you make
23 | the absence from drugs a condition of the people being
24 | with you in the programme?

25 | MR. DUNLOP: We don't allow drugs or
26 | alcohol in a person, that is inside a person, or in their
27 | clothing or anything in the unit. What they do outside
28 | is their business.

29 | MR. UNDEN: I would like to respond to
30 | some of the substance that this lady had to say. She was

1 saying there was a lot of things wrong, and you have got
2 to learn to speak up and protest these things to change
3 them. Well my opinion is maybe a little bit more extreme.
4 All the talk in the world isn't going to do a thing, if
5 you have got your energy drained from you. That is all you
6 are going to be able to do is talk. And this is my biggest
7 fear, is that these drugs --- my biggest paranoid fear ---
8 is that these drugs that are sapping people's energy so
9 that they can only talk and can't do the things, they can't
10 organize the protests, they can't organize elections, they
11 can't organize confrontations and they have flopped.

12 THE PUBLIC: Excuse me, I wonder if I
13 could just respond to that. People have first to learn to
14 be able to vocalize. This does not mean that they do not
15 go out and organize politically, that they don't organize
16 demonstrations if something is wrong, that they want to
17 draw public attention to. I don't quite see how you
18 drew that conclusion. But people have first to be able
19 to organize their thinking, that is essential. Then they
20 have to be able to articulate. But you can certainly not
21 carry out action unless you have learned to organize your
22 thinking, and you have also then to be able to communicate
23 with other people, which is by talking. You don't just
24 go into action. Some people do. That may be a
25 possibility, but I think that one of the essential things
26 is that people be able to begin to think for themselves
27 so that they can challenge, can dissent. If they can't
28 dissent on the mental elements, then they can't organize
29 as I say, political activities to become involved in
30 our civic elections in Vancouver, so that we get in

1 candidates who are actually people who are thinking
2 intelligently instead of reacting emotionally to
3 situations. I just don't follow how your line of thought
4 is on that, sir.

5 MR. UNDEN: I think you fail to see my
6 point. I agree with you as far as you go, but I think
7 the point that the four of us are sitting up here are
8 saying is that the use of marijuana will drain your
9 energies, and will create fears.

10 THE PUBLIC: You mean excessive use, or
11 use at all?

12 THE PUBLIC: No substantial proof.

13 MR. UNDEN: I don't know. My use, I don't
14 think, was extensive.

15 THE PUBLIC: Your personal experience?

16 MR. UNDEN: From my personal experience,
17 I didn't have very much excessive use. There was a
18 period of months where I would turn on, 3 times a
19 week or something like that.

20 MR. DUNLOP: I would like to ask this lady
21 a question. Do you agree that if something is an escapism
22 and it is causing pain to a person, that something should
23 be done about it? I got it from your opening statement,
24 I sort of felt that you were talking that escapism
25 couldn't possibly be negative and couldn't possibly cause
26 suffering, and that it was quite all right, and that the
27 only problem we had to deal with was organizing our
28 thoughts and our actions, etc.

29 THE PUBLIC: The only thing I can say about
30 that is that you are projecting a tremendous amount,

1 because that never entered into my thoughts. Besides you
2 have got to define escapism.

3 MR. DUNLOP: Never mind defining escapism,
4 do you agree that if something is causing hurt to a
5 person, that something like the "Activators" have to
6 offer.

7 THE PUBLIC: Of course I do. That goes
8 without saying. And I approve of what you are doing, but
9 I was merely pointing out some areas where I felt there
10 were blind spots and trying to find out what escapism is.
11 Naturally if a person is suffering, this help should be
12 available, it shouldn't be forced on him. I don't think
13 you can do that. But this is only common sense as far
14 as I am concerned.

15 MR. DUNLOP: Do you think that there is
16 anything of this kind happening? Do you think people are
17 getting hurt through the use of drugs?

18 THE PUBLIC: Of course they are. It
19 would be idiotic not to infer, just as they are getting
20 hurt by the excessive use of barbiturates, tranquillizers,
21 alcohol, cigarette smoking, athletics, anything, anything
22 at all, why limit it to marijuana? If you alienate your fam-
23 ily because you are a golf enthusiast or fishing,
24 anything can be hurtful, not only to yourself but to
25 other people. And then it is time to re-assess and try
26 to do something. But that is a problem for the individual,
27 might get help from his family, certainly maybe from
28 groups like you. I laud what you are doing, I heard about
29 you and I understand you are doing a tremendous amount,
30 but I almost detect a feeling of God here, you know,

1 | there are other answers.

2 | THE PUBLIC: Mr. Chairman, and the panel,
3 | my associates opened the session this morning with two
4 | presentations on behalf of Parents Anonymous, in which
5 | they opposed the social use of drugs which gave our
6 | young friends here quite a few laughs apparently. I
7 | cannot let the evening go, however, without saying, and
8 | I was bumped into this thing not too long ago by one of
9 | our young artists who we knew very well jumping off the
10 | (Granville) Street Bridge and landing on his skull as a
11 | result of the drug trip. That and other experiences.
12 | Yes, my friend behind me laughed. Is it a laughing
13 | matter? We didn't think so. The lady who this morning
14 | on our behalf presented an appeal which was rather
15 | emotional and perhaps a little over stated, spent several
16 | years of agony over her own son before she realized what
17 | the problem was. He just has got out of it since. I
18 | have had no direct connection with this thing personally,
19 | but I have run into many cases, and as a result of my
20 | experience in recent months, I am convinced there is an
21 | answer to these things. There is a narrow pathway along
22 | which mankind must tread. When he diverges from certain
23 | laws, he doesn't break the law successfully, they break
24 | him. I would just like to say, Commissioners, that these
25 | four young people who have gained --- may I use the word
26 | "victory" over this particular problem, are the highlight
27 | of this evening, and I am delighted to have heard them.

28 | Thank you.

29 | THE CHAIRMAN: I think we should move on
30 | now to the next scheduled submission.

1 Thank you all for your assistance.

2 MR. DUNLOP: Thank you.

3 THE CHAIRMAN: I call on Mr. McRae,
4 The
Executive Director of Alcoholism Foundation of B.C.

5 Is Mr. McRae here?

6 Excuse me, there has been a gentleman
7 waiting a long time at the microphone there. Would you
8 like to speak?

9 THE PUBLIC: I would like to speak for a
10 while. Maybe I will just clarify myself. I am twenty-
11 eight years old. I started using alcohol at the age of
12 fifteen and drank quite heavily, I would say, for four
13 or five nights a week until about the age of twenty-four.
14 I am in my seventh year at the university, I am associated
15 with the Inter-Professional Health Services, and today
16 there has been quite a few people making knocks against
17 medical students. Well I happen to have a lot of friends
18 in the medical profession, both graduate and sub-graduate,
19 and I for one feel that there is a lot of people who are
20 smoking and who haven't come forward. They are more or
21 less the majority who are smoking, but are afraid to come
22 forward and say they are doing it and these people are in
23 all walks of life, and I have friends who are lawyers,
24 physicians, professional people, electricians, mechanics.
25 These people are suffering no ill effects by smoking. And
26 I don't think that these people are rationalizing by any
27 way that they are smoking. They are not escaping; I have
28 smoked for quite a number of years. I don't feel I am
29 escaping. I feel that I am a perfectly well balanced
30 individual. I don't have any crises. I am not drained

1 of any energy; I am involved in the community. I think
2 I get in and do my share. But I feel that you are never
3 going to be able to stop people from smoking, and there
4 is hundreds and hundreds of thousands of people smoking,
5 and you can't just go on persecuting these people, and we
6 have to have some kind of a rational outlook to what we
7 are going to do. And I would like to read to some of the
8 people here the notes taken by a second year medical
9 student from the pharmacology course given by the Univer-
10 sity of British Columbia last year, and this is in
11 answer to a woman saying this morning that she can't
12 understand why possibly young medical students might
13 smoke. And I would just like to read just half a page
14 of what this says on cannabis sativa. It says here, and
15 these are notes taken (at election).

16 "Cannabis, the female of the plant most
17 active substance, two types of resins
18 which can be created from cannabis plant,
19 one is called (sherus) and is a highly
20 concentrated resin. This resin is legal
21 anywhere where hashish is lega. Then it
22 has hashish: This resin might produce
23 psychosis because it is contaminated with
24 other types of drugs."

25 Then he describes the marijuana effects,

26 "Number one, get sore throats which gives
27 you coughing; number two, may or may not
28 give increase in heartbeat; number
29 three, get euphoria in approximately fif-
30 teen minutes; number four, you have an

1 alteration of space and time; number five,
2 the effects depend on the character and
3 personality of the user, and also involves
4 the environment you are in."

5 And he has got it, "it is used at all levels of society,
6 and parties, like cocktails at night." And then he has,
7 "marijuana has the reverse tolerance effect, i.e., the
8 more you smoke, the less you need to get high." Then he
9 has, "marijuana users tend to get hungry for sweets or
10 other foods and this may be a hypo-glycemic", which means
11 decreased blood sugar amount, but they are not sure of
12 this, and then he has, "some people use marijuana chroni-
13 cally, for example, artists commonest. These people live
14 in a different type of environment, but most people are
15 just occasional users." And then he has, "in favour of
16 marijuana, there is no addiction, no increased tolerance,
17 no impaired motor function, but this needs increased study.
18 There is no hangover and no ultra-salt water balance which
19 apparently gives you the hangover from alcohol." He also
20 has, "use alcohol and marijuana together and you may have
21 some antagonism between the two", and then he has some
22 notes on the active substance in the cannabis sativa.
23 These are the notes the students take.

24 Now, I feel that there has been a lot said
25 against marijuana, and a lot said for it. I would
26 personally like to see more study. I am involved in the
27 medical field, and I would like to see more study, see
28 the Government open up legal channels in which people can
29 study cannabis sativa and its effects and other drugs,
30 before we make any rational comments, but I know that in
my sphere and the sphere of people in which I am involved

1 that there are hundreds of people smoking marijuana, and
2 these people have no effects. They are not dragging
3 themselves off to work with a hangover in the morning,
4 they are doing an adequate job and they are physicians,
5 and lawyers and defending people like some of these people
6 who are involved here tonight.

7 This summer I was travelling around and one
8 of the most rational outlooks that I have seen so far in
9 the use, or in the treatment of drug use happens to be
10 in Holland, and there they have a system of you don't
11 prosecute people, but they just sort of turn their eye
12 towards it, and in each little village or city they have
13 a place where marijuana or drug users of any sort can go
14 and they can buy their drugs there, and they can stay
15 there and they can smoke them, and there is no possibility
16 the police will drop by on their bicycles, and they
17 will not get upset by it. They leave them alone. A lot
18 of these people are harmed by our society, and I feel that
19 here in Canada we should set up something, because we
20 will never stop people smoking marijuana, not stop people
21 from drinking alcohol. People are going to be people,
22 and they will do their own thing. People smoke because
23 they like it. I do not smoke marijuana because I am
24 escaping. I don't go and drink a few beers because I am
25 escaping. I like it. And I don't like other people to
26 dictate to me what I should or should not do, and I am a
27 responsible individual and some day I may sit on that
28 Commission or a Commission such as that, and I think the
29 Canadian Government or whoever you represent should take
30 the format in establishing a system such as this, and I

1 have just written down a few things that I feel should be
2 done. This is, I do not think the possession of marijuana
3 should be punishable by law, just the same as possession
4 of alcohol should not be punishable by law, and I feel
5 that the Canadian Government should allow places in each
6 village or city where people can go and if they want to
7 smoke, they can smoke, or if they want to buy their
8 drugs there, they can buy them there. And if they want
9 to take them home, they can take them home. But the outlets
10 should be controlled by the Government, and as Mr. Simons
11 said, then the qualities and the amounts which the users
12 can get, they know what they are getting and if the
13 Government is in there, then the profit motive is gone,
14 and in that way it would be much more efficient.

15 I thank you very much.

16 THE CHAIRMAN: Thank you.

17 Mr. McRae?

18 MR. McRAE: Mr. Chairman, members of the
19 Commission. Before I read the first^{two}/pages of the brief
20 which we have prepared, I would just like to comment for
21 a moment on the fact that this morning the question of
22 your advertising in the local papers was raised. I brought
23 with me tonight a copy of the ad from the Vancouver Province
24 of yesterday's date, and I think it is somewhat of a
25 comment on alcohol, and the Commission. Adjoining the ad
26 is a very large ad for the popular form of alcohol, and
27 I think the comment on the bottle is very timely. It
28 says "there are a few things left for the men in this
29 world, this smooth dark rum is one of them." With me to-
30 night is Mr. Jack Hagar, Director of Education, and

1 I thought since our brief deals primarily with education,
2 you may wish to direct some questions to him. For the
3 moment, I would just like to read the first two pages of
4 our brief: the foundation greatly appreciates this op-
5 portunity to appear before you to comment upon your interim
6 report, and to submit our conception of an education
7 programme for the alleviation of alcoholism and other
8 drug dependencies. We wish to commend the Commission
9 on the approach which has been taken in the collection
10 of data and assembly of opinions, and to state our
11 agreement with your principles for the development of
12 social policy in respect of non-medical drug use. And
13 I quote from the Interim Report.

14 "Our own view is that while we cannot say
15 that any and all non-medical use of
16 psychotropic drugs is to be condemned
17 in principle, the potential for harm of
18 non-medical drug use as a whole is that
19 it must be regarded, on balance, as a
20 phenomenon to be controlled. The extent
21 to which any particular drug use is to be
22 deemed to be undesirable, will depend
23 upon its relative potential for harm,
24 both personal and social."

25 After careful consideration of your
26 interim report and its recommendations, we wish to re-
27 affirm the position taken on the recommendations made in
28 the brief that we presented to you in October, 1969. At
29 that time we did not deal in depth with matters pertaining
30 to education. We wish to do this now, in the light of the

1 recommendations and comments made in the interim report.

2 In summary, the following statements set forth our views
3 of education in the field of alcoholism and other drug
4 dependency.

5 Number one. We believe in the effectiveness
6 of a sound preventive education programme as the best
7 means of bringing about the eventual control of drug
8 abuse. Number two. We believe that the most effective
9 education programme is that which is based on the learning
10 for living concept. Three. We believe that self knowledge
11 or insight is the basis of any such programme, not only
12 for the student as the patient, but for the educator as
13 the therapist as well.

14 Number four. We believe that a valid basis
15 of preventive education is also valid for rehabilitative
16 education, but would like to see this subject expanded
17 in the Commission's final report.

18 Five. We concur with the Commission's
19 evaluation of alcoholism as Canada's major drug problem,
20 and would like to see this reaffirmed in the Commission's
21 final report.

22 Six. We believe that since there is a
23 growing tendency to multiple drug use involving alcohol,
24 that education on alcoholism and drug dependency should
25 be carried on simultaneously.

26 I have just a few comments that are not in
27 the prepared brief.

28 I sat in this morning on the hearings here
29 in this hotel, and I think that the information that was
30 placed before you certainly indicates that this country

1 needs a very extensive education programme on alcoholism
2 and drug abuse. We have heard a great deal of opinion
3 from both ends of the spectrum, and in my point of view
4 much of this this morning was based on fallacious ideas.
5 We have heard one witness condemn soft drugs most vehem-
6 ently, and then wax poetic about alcohol. Some of the
7 young people who profess to be drug users thought that as
8 little as three to four years experience was proof of
9 safety. They seem to me to be discounting the future at
10 a very high rate, since in the life history of many addic-
11 tions and dependencies no opinion of final outcome, can
12 from my point of view, be made in such a short point of
13 time. In the case of alcoholism, the drinker of four
14 years experience has no guarantee whatsoever that addiction
15 will not occur within the next four or five or six years.
16 Of course, many alcoholics, when they are severely addicted,
17 vehemently deny that there is anything wrong. We have
18 heard one witness from Civil Liberties Association discuss
19 police brutality, and in one case that he cited, either
20 wittingly or unwittingly, emphasized only the part of the
21 case that would make his particular point.

22 It seems to me that this whole subject is
23 highly charged with emotion, and that the water is as
24 muddy as ever. It is almost as if facts were not really
25 wanted unless they selectively serve the individual's
26 preconceived idea. It seems to me that many people look
27 but do not see, and that they listen but they do not hear.

28 It seems to me that in an educational
29 programme, we must attempt to change our cultural atti-
30 tudes towards dangerous chemicals of all kinds. We must
experiment and test new methods, and at all times, some

1 of us must try to keep our perspective.

2 That is all I have to say Mr. Chairman,
3 unless you have some questions that you would like to
4 direct either to me or to Mr. Hagar.

5 THE CHAIRMAN: Thank you Mr. McRae.

6 Mr. Hagar, would you care to add to what
7 Mr. McRae has said?

8 MR. HAGAR: There is a much further
9 elaboration of the learning for living approach, or what
10 we call it anyway, the positive living approach, a greater
11 elaboration in our brief. Let me just say a few words
12 to add to that. This is basically a personalist, a
13 basically humanist approach to education. I first of all
14 must mentioned that we are speaking of course primarily
15 from the area of competence of alcoholism, and education
16 in this field. We are also speaking in the area of
17 competence of education not only in the general public,
18 but also in regard to education of people who are working
19 with alcoholics, primarily. We feel that as we mentioned
20 in the brief, that this educational approach is not only
21 for students and for patients, it is also for therapists
22 and for educators as well. As I mentioned, it is
23 basically humanist. By this, I mean that in all of this,
24 no matter what the facts are about drugs, addiction and
25 all the trends that we have been hearing, there is one
26 common denominator, that we are dealing with, and this
27 is the human person. It is people that we are dealing
28 with. And the basis of this learning for living theory
29 is a very deep respect for the uniqueness of the human
30 individual, and the endeavour to have the individual

1 become aware of himself as he is himself, and try to put
2 to the very best use that he can his own person. We feel
3 that human beings trying to fulfill their needs, there are
4 tensions. The unique individual with all his programming,
5 can meet his environment, there are tensions, there
6 are anxieties, there are difficulties, there are problems.
7 People normally can adjust to these. People, some people,
8 find it very difficult to adjust. The alcoholic, for
9 instance with a very poor self image finds it very diffi-
10 cult to adjust and slips into the use of a chemical or a
11 drug to make himself comfortable, and compounds his
12 problem. We feel this is negative and we use the word
13 escape. Now we realize there are different types of
14 escape, all the heirarchy of escape and we don't tend to
15 put it in the same category as somebody who escapes by,
16 say, compulsive eating and someone who commits suicide.
17 These are two different types of escape, but there are
18 some people who do find that they do have to escape and
19 they use some kind of chemical substance to do this
20 escaping with. The basis of our education programme is
21 not to dwell on a negative, not on the escape, but to try
22 to accentuate the positive, try to help these people to
23 realize within themselves they have their potentiality,
24 with help and assistance, counselling and guidance and
25 so on to use their abilities to the very best they can.
26 We would like to feel that can be done by helping people
27 to come to realize self concepts, self acceptance, self
28 realization, ultimate self actualization and other such
29 concepts. This is basically the meaning of our education
30 programme.

1 THE CHAIRMAN: Thank you.

2 Gentleman at the microphone?

3 THE PUBLIC: Could I ask a question of the
4 gentleman that is speaking, a couple of questions: what
5 kind of education system have you got in mind for
6 yourself or for the people who start to use drugs?

7 MR. HAGAR: Basically, our approach, so
8 far we have been using it in strictly preventive education
9 and we feel that this education goes over a broad spectrum
10 of trying to help parents for instance to help youngsters
11 to sort of become aware of themselves. We feel that this
12 self awareness is a part of the responsibility of parents
13 to help their youngsters to do it, so therefore parents
14 themselves must be aware of it. They must help their
15 youngsters to do this. We feel it must be a part of the
16 total education programme. We agree, for instance, with
17 the Commission when they say that education in regard to
18 drugs should be in the context of general education, and
19 this is what we mean by general education. For instance,
20 social workers, nurses, doctors, anyone that you want to
21 mention, we feel that in order to help these people to
22 help alcoholics primarily, this is our field of competence,
23 but we think it might help in the field of drug dependency
24 in other areas to try to help these people to help people
25 become aware of themselves, (to open up their innate)
26 potentiality and to do something with themselves. This
27 thing that the young people talk about, about doing your
28 thing, I think this sort of sums it up, trying to get
29 each individual to do their thing, to realize what
30 they've got going and to do this, and we feel parents can

1 help, the school can help, the church can help, social
2 workers, you name it.

3 THE CHAIRMAN: Thank you.

4 THE PUBLIC: If this is truly your aim,
5 I hope you do succeed, but in any event, what kind of
6 lesson do you take on alcoholism, when a man starts on
7 alcoholism, what kind of a lesson do you take him?

8 MR. McRAE: I think the lesson I have taken,
9 when I heard the discussion on drugs tonight I was im-
10 pressed how similar it is to the field of alcoholism.
11 It seems to me in drugs many users have not decided ---
12 in other words they haven't come to terms with what is
13 use and what is misuse. This came through very clearly
14 to me tonight.

15 THE PUBLIC: I think that is a personal
16 feeling.

17 MR. McRAE: Well, from the point of view of
18 the alcoholic, of course it may not be the individual who
19 always makes the choice. If the individual's behaviour
20 threatens the rest of us, then I think maybe we'd have
21 something to say about this, which may be true in drugs
22 as well.

23 THE PUBLIC: Maybe especially in drugs.

24 MR. McRAE: As long as you do your own
25 thing, but if it starts impinging on me, then you've got
26 a problem.

27 THE PUBLIC: Suppose I start smoking a joint
28 tomorrow morning and I run into you coming down on the
29 corner, and I have my hands in my pockets and I don't see
30 you and I am stoned at the moment, you are not.

1 MR. McRAE: If you knock me down because
2 you are stoned, they you've got a problem. If you pass
3 me and there is no problem, then ---

4 THE PUBLIC: Do you realize you also have
5 a problem?

6 MR. McRAE: What is it?

7 THE PUBLIC: I mean you may run into
8 somebody else. You run into some person who is stoned
9 out of his mind, he will only go as far as he can go,
10 whether he smokes marijuana or whether he does LSD.

11 MR. McRAE: I think you missed the point
12 of my comment, and that is that I really have no concern
13 if it is only you that is damaged. But if your
14 behaviour impinges on me, or on the rest of society, I
15 don't care whether it is driving a car or walking down
16 the street or setting fire to your house or whatever it
17 is, then I am concerned, because you've created a
18 problem for me.

19 THE PUBLIC: All right.

20 MR. McRAE: We are not a society of little
21 islands you know. We have to live cooperatively.

22 THE PUBLIC: I know. I realize that.
23 But what can we do?

24 MR. McRAE: Being a social worker, I would
25 probably try to help you.

26 THE PUBLIC: Help me of what?

27 MR. McRAE: ---

28 THE PUBLIC: Help make me stop smoking
29 marijuana?

30 MR. McRAE: At the moment I would probably

1 determine whether you could see or not.

2 THE PUBLIC: How do you know whether I
3 would be --- whether you would be helping me or not?
4 (portion inaudible)

5 THE PUBLIC: (Inaudible)

6 MR. McRAE: Let me suggest to you if you
7 are in a group of people and your behaviour becomes
8 threatening to them, then I suggest they will take some
9 action against you.

10 THE PUBLIC: They will.

11 MR. McRAE: All right. That's all I said.

12 THE CHAIRMAN: There is a gentleman at
13 the back of the room who has exhibited an enormous
14 amount of patience.

15 THE PUBLIC: Just to flash back to the
16 people from the "Activator" ^{unit} /just for a second or so, but
17 I think that first of all about sapping people's energy,
18 I am pretty sapped, but I manage to stand up here and wait to
19 talk and I stood up and worked since 9:00 o'clock this
20 morning as well. I think that ^{if} /most of my friends who
21 smoke marijuana as much as I do, which most of them do,
22 were sapped enough so that they slept in every morning,
23 then there would be an awful lot of people who wouldn't
24 go to work the next Monday morning. And about education,
25 I would like first of all to wonder how you are going
26 about educating people that for example, back in high
27 school, they attempted to educate us about the dangers
28 of alcohol, and show us films and have various guest
29 speakers, and they generally told us things that we
30 knew ages before they came on the scene, and in general,

1 probably knew a bit more about it than --- from what I
2 saw --- than they did. Relating to drugs, how can you or
3 any person who is not directly involved with it, or who
4 has done it, say to a person who has been doing it a
5 long time that may or may not have a problem with it,
6 sort of direct him how to go about doing that? Or for
7 instance, how --- like, is my younger brother going to
8 take an example from a film or a counsellor who has had
9 no experience at all with it, who is telling him this is
10 going to corrupt his life when he can look up and see
11 that his older brother has managed after doing just about
12 every drug that was available except for heroin, which I
13 have no desire to do, but have done just about anything
14 else that you could name, and I have made a reasonable
15 success of myself.

16 MR. McRAE: Well, I don't want to ---

17 THE PUBLIC: How are you going to tell
18 these people when they take their biggest impression from
19 what they see around them, to tell them not to do
20 something that they can see isn't leading people down
21 the drain?

22 MR. McRAE: Our brief does not pretend to
23 defend alcohol education in the past, because I think it
24 is fairly obvious that its success has been limited.
25 What we are suggesting is that there might be a new
26 approach to education which would involve people. And
27 let me say to you about problems, that if there were
28 no problems with drug abuse, I certainly wouldn't be
29 sitting here at quarter after eleven on a Friday night.
30 There must be some reason why this Commission was set up.

1 So I would suggest to you that there are problems, other-
2 wise you wouldn't be here either.

3 THE PUBLIC: The only problem I have with
4 drugs, and I must admit, my biggest problem probably is
5 paranoia you see, because I suffer from it every time
6 I see a man in blue, and at no other time.

7 MR. McRAE: No comment.

8 THE CHAIRMAN: Thank you. I think perhaps
9 we should move on to the next submission.

10 Thank you very much, gentlemen.

11 THE PUBLIC: Excuse me, may I just answer
12 the gentleman in regards to the members of the health
13 profession being aware of alcoholics or alcoholism?

14 The younger members of the health profession
15 are very aware of the problems of alcoholism, and they are
16 only too happy to help because in my experience most of
17 them are turning on to marijuana, and I would say that a
18 really good number of them. They are aware of alcohol, and
19 they realize its problems. And you can't tell these
20 people not to smoke because they have at their fingertips
21 most of the current scientific literature on marijuana.
22 And one other thing that I wanted to say when I was
23 looking at their report, is I imagine the Commission is
24 aware of the Canadian Medical Association's brief on the
25 non-medical use of drugs, but I don't imagine a lot of
26 other people are, and it is a fantastic non-biased opinion
27 of the effects of drugs and it is about ten pages long,
28 and I would like to suggest that copies be put in the
29 school libraries of every school around, because you need
30 unbiased facts, facts which they can make their own

1 decisions on, because youth are much more aware, I think,
2 than people give them benefit for, and possibly other
3 people would like to get a copy of this brief which was
4 done by the Canadian Medical Association, and it says
5 here that, "Copies of the brief which was summarized in
6 the Hournal of November 29th, 1969 are available from a
7 Mr. D. A. Geekie, Secretary of Communications and Informa-
8 tion of the Canadian Medical Association, 1867 Altavista
9 Drive, Ottawa 8, Ontario." And it seems to be a very good
10 piece of literature. It's not Readers' Digest and it's
11 not Time Magazine, and it seems to have some foundation.

12 Thank you very much.

13 THE CHAIRMAN: Thank you, gentlemen.

14 I call now on Mr. J. H. Land. We have
15 two more scheduled submissions, Mr. J. H. Land of the
16 (Tiny Rival) Foundation, and the last scheduled submission,
17 Mr. Barr and Mr. (Drinkle) of the Howe Sound Citizens
18 Committee of Squamish.

19 MR. LAND: I intended to address my remarks
20 to the Commission tonight specifically to some of the fac-
21 tors in our society that would probably tend to contri-
22 bute to the phenomenal increase in the use of psychotropic
23 drugs, but I have been here off and on during the day,
24 and like everyone else I have absorbed a great deal
25 of information about what is going on today, and that
26 somehow has eroded my thoughts. Particularly, at this
27 moment I though there would be a lot of people down
28 here and I think I would like to reflect on perhaps what
29 the problem is. Has the Commission run down? This is
30 the third largest city in Canada, and there are probably

1 more heads here than anywhere else. When I came down here
2 tonight I left the company of a couple of young people who
3 I think are fairly involved members of the community and
4 they said, "You know, why bother." And it looks like a
5 lot of other people have the same feeling. And my own
6 interest is in the problems of communication in communities
7 such as ours where you have --- to use a simile, we are
8 animals that are bombarded --- as many popular authors
9 have told us, with more information than we can process,
10 and characteristically animals in this situation, the
11 rats in a maze in a psychology experiment, or people in
12 a city, they are required to react to this information,
13 and then some sort of executive action has to take place
14 where the animal goes around the bend and becomes
15 psychotic, one of the most common effects of an early
16 psychosis is a division of the personality so that there
17 are states of withdrawal that perhaps are like the people
18 referred to as escape like animals in sleep / the informa-
19 tion that's processed during the day about its environment
20 and perhaps sort of piece itself off because it has very
21 few --- it has lost most of its executive ability in our
22 society. In other words, we know what is going on, and
23 because of the fact that we are living in a lot of
24 different time spaces in our society, we are adopting a
25 lot of different styles, because it is important to a
26 community. A community is a group of people that are
27 presumably exposed to some of the same stimuli, and they
28 develop commonalities and they have to signal these
29 commonalities to one another in order to be a community.
30 Now we live in a society where virtually our only contact

1 with the Government in respect to the non-medical use of
2 drugs is through this Commission. And the representative
3 process, the democratic involvement in the Government
4 has kind of petered down to what we have here tonight.
5 A few of the people trying to do a Town Hall meeting with
6 some people who have been appealed to certainly today,
7 and I know on earlier hearings in Vancouver by very con-
8 cerned young people, who, a lot of them were really quite
9 paranoid, and a lot of them were users and they were
10 really making some appeal, and that appeal was being made
11 here again today on the Commission, this morning by at
12 least one person, in really strong terms, like what the
13 hell is happening? And I feel called upon to say that
14 I too wonder what is happening, because we have a couple
15 of hundred people here, or did have, and I was doodling
16 and figured that if the Commission met with two hundred
17 people or thereabouts, say three hundred every night of
18 the year for thirty years, then it would be possible to
19 develop some concensus with the Canadian public about
20 who the hell is smoking dope, and whether or not moral
21 judgments of this sort are the province of the Government
22 anyway. And by that time obviously everyone would be
23 using dope, and the matter will be academic. And so in
24 order to be sane like any other animal, I have to say
25 that this situation which I personally find intolerable
26 and which brought me down here tonight, the fact that I
27 am a prisoner in society, really a frustrated kind of
28 a lot of the young people --- I am digressing ---

29 It seems that the Commission has a problem
30 to help develop concensus and I appreciate this perhaps not

1 within its terms of reference, but I wish I had the time
2 to review your interim report which I have read earlier,
3 but essentially it seemed to be documented --- it was
4 designed to be aprimer for people who did not know too
5 much about dope, and it was a history of drugs and it
6 gives somebody a good background about what is going on,
7 and it contained some mild, but nonetheless contraversial
8 recommendations. It seems to me that it is necessary
9 to go further, necessary to involve more people. The
10 media are excluded from the Commission's hearings.

11 THE CHAIRMAN: That is not true.

12 MR. LAND: In the sense that ---

13 THE CHAIRMAN: It is not true as a matter
14 of fact. There is no use making an incorrect statement.

15 MR. LAND: I am talking about in the
16 sense of real live media. I was seated with legitimate
17 members of the press this morning, and I realize they are
18 not excluded, but most of the difficulty is that you are
19 dealing with 20,000,000 people who receive a staggering
20 amount of information by television which is a real live,
21 right now thing, and I can't see this as being quite as
22 dynamic perhaps as the McCarthy Investigations were in the
23 States where it would be topical to consider; using
24 television with the Commission would perhaps bring more
25 than a few hundred people sitting into the Town Hall
26 meeting, as it were.

27 So I have a practical suggestion. It is
28 sort of grass roots concensus. I tend to be rather
29 obscure, but this isn't, and it doesn't mean that I am
30 in favour of dope, or that I am against dope. It means

1 that I am one of the increasing number of people who
2 recognize the fact that we have a communications problem.
3 It is very difficult for us to tell how many of us there are
4 because it is illegal. The Commissioners can't possibly
5 admit that they have had any experience with psychotropic
6 drugs, nor can most of the people in our society that
7 are working for people whose opinions differ from theirs.
8 It seems that the problem is one of concensus, and I am
9 just suggesting that that and education, the Commission is
10 perhaps --- what I was trying to say before is that if
11 an animal receives information about his environment
12 that seems to him to be insane, he will generally try
13 to move it around to make some kind of sense, and so I try
14 to look at this whole thing and try to say that there
15 is probably some sense to this interminable discussion
16 that is going to go on about dope legislation, and it is
17 probably the fact that it is creating a criminal element
18 in Canada that is rapidly approaching, like in the case
19 of some of the soft drugs like marijuana, probably if
20 not now, I am sure in less than a year, I think the
21 majority, that is 51% perhaps of the population. And these
22 people feel different degrees of estrangement from the
23 Government than other people who have not had the contact.
24 They are criminals as well. So they develop trusts in
25 their own community, because they perhaps use dope and
26 they have learned to rely on different forms of communica-
27 tion, and perhaps in the long run it is better that this
28 drag on, and perhaps legislation that would make the use
29 of the soft psychotropic drugs an easier offence would
30 not really serve the best interests of the long term

1 development of our society, and it would cheese a lot of
2 people off, and we would have the same situation that
3 we see with abortion legislation, where a lot of people
4 worked very hard to get legislation through that appears
5 to be unworkable. I think that this is the field where
6 legislation just is not applicable. I do not think it
7 has been workable in the history of any civilization, and
8 I do not think it will be workable in ours, and I can
9 only suggest that perhaps the only positive thing the
10 Commission can do at this stage, would again be to try
11 and really revitalize its approach to involve more
12 people through some more dramatic presentation of this
13 information through the media, to the majority of the
14 20,000,000 people in this country who have really archaic
15 attitudes towards drugs that are based on misconception,
16 that everyone thought to be true a few years ago. It
17 seems to be a two-fold problem. First of all, it has to
18 become more efficient in involving more people in an
19 educative process, than this style of meeting will
20 involve, and outside of your terms of reference,
21 is the real problem in the country, of which marijuana
22 and the soft drugs are only a sort of a symptom, is that
23 we are rapidly approaching a point that some people feel,
24 in a similar definition to be a sort of anarchy where
25 we have a strong centralization of power in the Federal
26 Government which is to some extent fit by the effect that
27 there is virtually no communication of an electorate ex-
28 cept through representation such as the Commission. So I
29 am in the mind of the feeling of those previous speakers
30 who say that you have a great responsibility, and

1 I am very concerned about the time element. I feel that
2 by the time we find enough people to make it an intelligent
3 consensus, that it may very well be too late.

4 Thank you.

5 (Applause)

6 THE CHAIRMAN: We call on Mr. Barr and
7 Mr. Drinkle of the Howe Sound Citizens Committee.

8 Apparently they are not here.

9 There is a gentleman, dark haired, there
10 in the back --- is he gone ---

11 Gentleman in the back?

12 THE PUBLIC: Tonight many people have
13 spoken on the disadvantages of drugs and I notice that
14 many people here tonight are taking nicotine, and many
15 disadvantages have been pointed out about that particular
16 drug. I think the law has assumed that the people who
17 take nicotine are responsible individuals who are going
18 to look at nicotine in that sense themselves and make
19 their choice of whether they will smoke or not. I think
20 it is time the law was amended so that people can assess
21 drugs and make their own choice of whether they should
22 take drugs or not. One other point I picked up tonight,
23 I was rather dismayed to hear Mr. Simons state the facts
24 about police brutality, choking people for example. When
25 we were little obviously we might have swallowed coins
26 or marbles, and our parents didn't choke us, they checked
27 our excrement, and I think the police officers that are
28 presently choking citizens should use the latter method.

29 Thank you.

30 THE CHAIRMAN: Well I think that I'm going

1 to take the sense of the meeting, and declare this hearing
2 terminated, and thank everyone for all of your help during
3 the long, helpful day.

4 ---Upon adjourning at 11:25 p.m.

